DOCUMENT RESUME

ED 385 645 UD 030 538

AUTHOR	Replogle, Elaine M.
TITLE	Head Start as a Family Support Program: Renewing a Community Ethic.
INSTITUTION	Harvard Family Research Project, Cambridge, MA.
SPONS AGENCY	John D. and Catherine T. MacArthur Foundation, Chicago, IL.; Mott (C.S.) Foundation, Flint, Mich.; Office of Educational Research and Improvement (ED), Washington, DC.; Prudential Foundation, Newark, N.J.
PUB DATE	95
NOTE	98p.
AVAILABLE FROM	Harvard Family Research Project, 38 Concord Avenue, Cambridge, MA 02138 ($8 plus shipping and handling).
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Community Programs; Compensatory Education; Cooperation; Family Programs; Federal Government; *Preschool Education; *Prevention; Program Descriptions; Program Effectiveness; Program Evaluation; *Social Support Groups; Urban Areas; *Urban Problems
IDENTIFIERS	*Family Support; *Project Head Start

ABSTRACT

Head Start began in 1965 as part of the War on Poverty. Today Head Start serves families with more complex and longer-lasting stresses than those faced by families in the 1960s. As Head Start builds on its historic accomplishments, the six programs profiled in this report offer creative and different approaches to strengthening Head Start's capacity as a comprehensive family support program. These six programs are: (1) Dade County Head Start, Dade County (Florida); (2) Albina Head Start, Portland (Oregon); (3) The Leaguers Inc., Head Start, Newark (New Jersey); (4) Murray Head Start, Western Kentucky; (5) Santa Clara County Office of Education Head Start, Santa Clara County (California); and (6) Hawkeye Area Community Action Program's Inn Circle Head Start, Cedar Rapids (Iowa). These programs take different approaches to the common goal of offering stronger family support, but they share a vision of collaboration and coordination of Head Start with federal, state, and local entities, and they focus on the family as a whole. These programs take a preventive, rather than interventive, approach and demonstrate a commitment to their communities. Eighteen tables present information about the programs. Notes on methodology are in appendix A, appendix B contains a 36-item suggested bibliography, and appendix C provides information about the history of Head Start. Contains 94 end-notes. (SLD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN **OTHER THAN PAPER COPY** HAS BEEN GRANTED BY
E. Replogle
HARVARD
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

ED 385 645

HEAD START
AS A FAMILY SUPPORT PROGRAM

RENEWING A COMMUNITY ETHIC

HARVARD FAMILY RESEARCH PROJECT
Cambridge, Massachusetts

UD030538

BEST COPY AVAILABLE

HEAD START AS A FAMILY SUPPORT PROGRAM: RENEWING A COMMUNITY ETHIC

Dade County Head Start
Dade County, Florida

Albina Head Start
Portland, Oregon

The Leaguers, Inc. Head Start
Newark, New Jersey

Murray Head Start
Murray, Kentucky

Santa Clara County Office of Education Head Start
Santa Clara County, California

HACAP Head Start
Cedar Rapids, Iowa

Researched and written by
Elaine M. Replogle

Harvard Family Research Project
Cambridge, Massachusetts

THE HARVARD FAMILY RESEARCH PROJECT

The Harvard Family Research Project was established in 1983 at the Harvard Graduate School of Education by Dr. Heather B. Weiss, who continues as its director. The project conducts and disseminates research about programs and policies to strengthen and support families with young children.

The project's mission is to examine and assist in the development of policies and programs to empower families and communities as contexts of human development.

Specializing in applied policy research, the project's outlook encompasses the view that to educate the whole child, parents, schools, and other community agencies must redefine their roles to include partnerships to support child development from infancy through adolescence. It maintains that to sustain gains, support initiatives must be continuous over a child's life.

The project is nationally recognized for providing much of the data demonstrating the value of preventive, comprehensive, collaborative, and family-focused services. It has a diverse research agenda, supported by public and private funders, that is designed to inform and shape national policy debates, advance evaluative practice, and encourage progressive program development.

The audience for the project's work ranges from national and state policy makers to researchers and local practitioners, many of whom have benefitted from the project's ability to provide new perspectives and suggest creative solutions.

For additional publications by Harvard Family Research Project, contact:

Publications Department
Harvard Family Research Project
Longfellow Hall, Appian Way
Cambridge, MA 02138
(617) 495-9108
(617) 495-8594 FAX

© 1995 by the President and Fellows of Harvard College (Harvard Family Research Project). All rights reserved. No part of this publication may be reproduced in any form without written permission of Harvard Family Research Project.

TABLE OF CONTENTS

Introduction 1

Dade County Head Start
Dade County, Florida 15

Albina Head Start
Portland, Oregon 27

The Leaguers, Inc. Head Start
Newark, New Jersey 37

Murray Head Start
Western Kentucky 45

Santa Clara County
Office of Education Head Start
Santa Clara County, California 55

HACAP Head Start
Cedar Rapids, Iowa 67

Endnotes 77

Appendix A: A Note On Methodology 85

Appendix B: Suggested Bibliography 86

Appendix C: General Information
and History About Head Start 89

ACKNOWLEDGEMENTS

The Harvard Family Research Project deeply appreciates the time and effort all the Head Start directors gave to this research. Not only did they provide information about their programs, they also graciously agreed to numerous telephone conversations, faxes, and letters; and reviewed several rough drafts of their profiles. We give our thanks, then, to:

Ophelia Brown
Dade County Head Start

Ron Herndon
Albina Head Start

Veronica Ray
Newark-Leaguers, Inc. Head Start

Judy Whitten
Murray Head Start

Yolanda Garcia
Santa Clara County Office of Education Head Start

Wayne Woods and Chris Carman
HACAP/Inn-Circle

This project was supported by funding from the John D. and Catherine T. MacArthur Foundation, the Charles Stuart Mott Foundation, the Office of Educational Research and Improvement, and the Prudential Foundation. The contents of this publication are solely the responsibility of the Harvard Family Research Project. Thanks go to Tom Schultz at the National Association of State Boards of Education for providing office space for writing this booklet, reading drafts, and offering his advice; to Tamara Beauboeuf and Elena Lopez for their invaluable editing abilities and helpful comments; to Heather Weiss for her input; to Kate Ouderkirk for designing the final product; and to Katrina King for illustrating the cover. Finally, a special note of gratitude goes to the parents and other friends of Head Start who agreed to be interviewed for the reflections that end each profile.

INTRODUCTION

Head Start began in 1965 as part of the War on Poverty and against the backdrop of the Civil Rights Movement. Even as the country underwent sea change events, few people fully realized that American *families* would change so dramatically in the next thirty years. Today, Head Start serves families with more complex and longer-lasting stresses than those faced by families in the 1960s. Changes in family configuration, women's labor force participation, the ethnic makeup of American society, educational requirements for good jobs and job opportunities themselves demand that Head Start reinvent itself to better meet the needs of families. As Head Start builds on its historic ability to do just this, the six programs profiled in this report offer creative and different approaches to strengthening Head Start's capacity as a comprehensive family support program.

HEAD START FAMILIES -- THEN AND NOW

In 1966 -- just one year after Head Start began -- only 10 percent of all US families were headed by women.[1] Today, 13 percent of all white families, 46 percent of all African-American families, and 24 percent of all Hispanic families are headed by women.[2] In 1966, only about one-third of married women worked outside the home, and the percentage of married mothers who did so was even lower.[3] Today, 59 percent of all mothers with children under age six work outside the home; indeed, 53 percent of mothers of infants under one year old work in the paid labor force.[4] In 1966, more elderly than children lived in poverty. The exact opposite is true today.[5]

Despite the remarkable growth during the last thirty years of local and federal programs aimed at bettering the status of children, the statistics on which families are poorest remains as true in the 1990s as it was in the 1960s: Single-parent families fare worst in our economic climate. In 1967, 45 percent of single mothers with children under age eighteen lived below the poverty line, and in 1991, despite some fluctuations in the intervening years, the rate was essentially the same.[6] Indeed, in 1994, 57.3 percent of children under six who were living below the poverty line lived only with their mothers.[7]

Even in "traditional" families -- one parent working full-time, one

parent at home -- it is difficult to make ends meet. In 1992, if one parent worked full-time, full-year, at the minimum wage of $4.35 an hour, he or she brought home an annual income of $8,840 -- well below that year's poverty line for a family of four of $14,343, and even below that of $9,441 for one adult and one child.[8] Even if both parents worked full-time at minimum wage jobs, they were unlikely to earn enough to cover all their expenses. In fact, whether low-income parents in the 1990s work full-time or rely primarily on Aid to Families with Dependent Children (AFDC), they face a much more difficult path out of poverty than their counterparts did in the 1960s.

There are a number of reasons for this: AFDC benefits fell 35 percent between 1975 and 1990;[9] average real wages have fallen since 1973;[10] the economic opportunities for low-skill workers declined in the 1980s;[11] employers often chose to employ part-time or temporary workers and forgo offering benefits; and during the 1980s, the minimum wage fell by 23 percent.[12] Yet, contrary to the notion that increased education automatically leads to higher wages, during the 1980s "average educational attainment *rose* while wages *fell*."[13] Indeed, throughout the 1980s, "about 20 percent of college graduates worked at jobs that don't normally require a degree...[and] the share of black and Hispanic college graduates with poverty-level wages rose dramatically in this decade."[14] Such statistics tell us that we shouldn't be surprised when, even after pursuing more education and training, parents are unable to secure jobs that lift their families out of poverty. Indeed, since Head Start and other programs that serve poor families face the rising "probability...that low-income families and individuals will remain poor for a long time to come,"[15] one primary change that Head Start must make is to serve families for longer periods of time.

Increasingly, Head Start families face a host of social problems that were less pervasive in the 1960s than they are today. If we take homelessness as just one example, we find that today, single women or female heads of families comprise 20 percent of the homeless population,[16] and perhaps as much as 43 percent of the homeless are families.[17] Socio-cultural factors such as gentrification, eviction, and discrimination have forced thousands of previously housed poor people onto the streets.[18] Personal problems, such as substance abuse, domestic violence, and mental illness, also play roles in the etiology of homelessness.[19] Clearly, Head Start must find ways to reach

families who are homeless; Inn-Circle, profiled here, provides one model of how to do just this.

Head Start must also address the problem of substance abuse, for even though substance abuse has, since the 1960s, declined in most segments of the population,[20] heavy use remains quite stable,[21] those who abuse substances often begin to do so at an early age,[22] and substance abuse is the single largest preventable cause of death in the country.[23] Substance abuse is often also correlated with low educational achievement,[24] crime, high health care costs,[25] and problems related to employment.[26] Albina Head Start and Newark Leaguers Head Start, profiled here, are programs that aggressively address the issue of substance abuse prevention.

Head Start families, like all American families, are more ethnically diverse in the 1990s than they were in the 1960s. While Europe was the origin of most immigrants before 1965, since then, the vast majority have come from Latin American, the Caribbean, and Asia.[27] Indeed, the number of Hispanics living in the United States increased 34 percent between 1980 and 1988.[28] At the same time, the number of poor Hispanic and Asian infants and toddlers increased at a much greater rate than for either white or black infants and toddlers.[29]

Clearly, Head Start families have changed since 1966. They have changed not only in terms of how many parents work (often, both), or in terms of family structure (often, single-parent), but also in terms of their ethnicity and the magnitude and duration of their poverty. These variables are, of course, often found together. For example, poverty, minority status, low educational achievement, and single parenthood frequently occur in the same family. Indeed, one study has found that the risk of family poverty rises by a *factor of ten* if families have all three of the following risk indicators: one or both parents did not finish high school, they are unmarried at the time of the child's birth, and are under age twenty.[30] Families who have all three of these risk factors have a 79 percent chance of being poor, compared to only an 8 percent chance if they have none.[31]

Since school dropout rates in many areas are high -- particularly among Hispanics and other minorities[32] -- and since rates of premarital births and births to teens have soared in recent years -- it is essential that Head Start provide full-day, full-year services; that it collaborate with other providers to meet the educational, employment, and

training needs of parents; that it serve families in culturally meaningful and appropriate ways; and that it serve families for longer periods of time. The programs profiled in the following pages are doing important work in these areas. Their experiences with growth and service delivery challenges bring a helpful perspective to discussions of how Head Start can change to meet the needs of today's young families.

CHANGING HEAD START

Although Head Start has, since 1966, reached more than 13.5 million children, only 40 percent of all eligible children -- 21 percent of eligible three-year-olds and 53 percent of eligible four-year-olds -- are currently served. Moreover, few Head Start programs are able to offer services on a full-day or full-year basis. Both Head Start's usual half-day program model and its inability to serve all eligible families are key challenges to its effectiveness as a family support program.

The National Head Start Association's (NHSA) *Silver Ribbon Report of 1990* and the Department of Health and Human Services' (HHS) 1993 report, *Creating a 21st Century Head Start* discussed Head Start improvement issues in terms of "quality" and "expansion." These two reports proposed a groundwork for Head Start reform, and highlighted the tension over whether increased funds should provide children with better programs and pay staff more equitably (an issue of quality), or whether funds should provide more children with Head Start (an issue of expansion). Certainly, due to budget constraints, the twin goals of improving and expanding Head Start are sometimes at odds with each other.

Published to mark the 25th anniversary of Head Start, the *Silver Ribbon Report* recommended that Head Start increase staff compensation and training; expand its family support capacity; and improve its facilities, transportation, and performance standards.[33] It also suggested increasing funding to enable Head Start to serve all eligible children and strengthening Head Start's collaborative work with other agencies that serve children and families.[34] Seeking to inform the 1993 reauthorization of Head Start legislation, *Creating a 21st Century Head Start*, laid out an agenda for Head Start improvement similar to that of the *Silver Ribbon Report*.

The programs profiled in the following pages accomplish many of the goals set forth in these reports: They have collaborated with school systems, led the way in early childhood education reform, improved health services for children, sought new sources of funding to improve program quality and to foster program expansion, and endeavored to find better ways to help parents attain self-sufficiency. Like other Head Start programs, they have had to work with other social service providers; with federal, state, and local programs; and with local businesses and community associations in order to serve families. In some instances, these collaborations focus on one or two specific needs and rely on only a few funding sources. In other cases, the collaborations are broader: There are more partners involved, more services provided, cross-agency advisory or case management boards, and a shared sense of accountability. While the following programs take different approaches to their common goal of offering stronger family support, they share the following attributes:

They see collaboration and coordination of Head Start with federal, state, and local entities as key to their success in serving families.

They focus on the family as a whole, providing services to both parents and children.

They take preventive, rather than interventive, approaches to helping families.

They demonstrate a commitment to communities in which children live by being responsive to local need.[35]

THE PROGRAMS

- ***Dade County Head Start***, in Miami, Florida, serves nearly 5,000 students and evidences that size need not adversely affect program excellence. Its multicultural and multilingual education is a significant step toward addressing the ethnic diversity of the families it serves.

- ***Albina Head Start***, in Portland, Oregon, connects practice to valuable research. By tracking its graduates in the public schools, Albina has documented the benefits of Head Start for its students. This has spurred Albina to improve its science education component, and has led to increased cooperation between Albina and the public schools. The resulting increase in public school parent involvement and in public school teacher interest in Head Start shows how research and evaluation are important elements of improving Head Start's capacity as a family support program.

- ***Leaguers, Inc. Head Start***, in Newark, New Jersey, coordinates preventive health care services with Head Start by co-locating a satellite community health clinic at a Head Start site. Funded through foundation grants and supported politically by local businesses and corporations, this approach to increasing Head Start's family support capacity is two-fold: it provides much-needed preventive health care in an accessible location, and secures private business interest in the lives of Head Start families.

- ***Murray Head Start***, in Murray, Kentucky, expands existing services for preschool children through collaboration between Head Start and school districts. Rather than compete for clients, this partnership -- which is strengthened by the Kentucky Education Reform Act of 1990 (KERA) -- has doubled the number of children who take part in Murray Head Start and has eased the transition from Head Start to public school for children and their parents.

- ***Santa Clara County Office of Education Head Start***, in Santa Clara County, California, serves nearly 2,500 children -- mostly from immigrant families -- in a depressed economy. By collaborating extensively with over fifty different agencies and organizations, Santa

Clara enhances its ability to support families. Its five national Head Start Demonstration Projects, too, increase local capacity to deliver continuous and comprehensive services to children and adults.

- ***Inn-Circle***, in Cedar Rapids, Iowa, is a HUD-sponsored transitional housing facility for homeless single parents and their young children. Guided by a philosophy of community involvement and membership, Inn-Circle provides homeless families with multiple supports while at the same time expecting parents to move toward self-sufficiency. Inn-Circle's work with other organizations -- including Head Start -- shows how Head Start can become a stronger family support program by working with other programs that serve families.

HEAD START REFORM ISSUES: QUALITY, EXPANSION, AND COMMUNITY-BUILDING

Infrastructure Issues: Caseloads, Space, and Services

Due to large caseloads, substandard facilities, and high staff turnover rates,[36] Head Start program quality is not always consistent.[37] In rural areas, programs are additionally challenged by the unavailability of social services.[38] The programs profiled in the following pages seek to improve Head Start's ability to serve families by relying on in-depth family needs assessments, aggressive and coordinated case management, and collaboration with community services -- steps suggested in the HHS report.[39]

For example, through a Family Support Team, Albina conducts extensive family needs assessments and links families to services; it also relies on free or low-cost contributions from other agencies and organizations, such as space for classrooms in schools, churches, public agencies, and a community college. Similarly, the Leaguers Head Start health care clinic reduces the numbers of referrals to health care providers that its staff must make, and Inn-Circle's use of an interagency case management team increases its collaborative work with other service providers, and helps it provide families with better services. Finally, Murray and Santa Clara increase services availability and accommodate program growth through their close collaborative work with public schools.

Despite these innovative ways of dealing with infrastructure issues -- particularly with case management -- these programs' weakest areas confirm what the NHSA report identified as greatly in need of improvement: transportation and facilities.[40] Murray, in particular, cites lack of space as the primary reason why it cannot serve children full-day. In order to serve as many children as it does, Murray conducts two half-day sessions of Head Start. The NHSA report also identified a need for Head Start sites to find ways to fund *permanent* and *multi-use* facilities.[41] Of the programs profiled here, only Inn-Circle and Newark have permanent or owned space, and -- with their on-site clinics -- that space is also multi-use.

Collaboration

Many researchers and practitioners have noted the benefits of collaboration.[42] Often collaboration between programs or agencies with similar agendas results in "mutually gratifying relationships" because it strengthens each entity's ability to meet families' needs.[43] Indeed, collaboration has even been touted to be a *requirement* of any new "profamily system."[44] All the programs profiled here are key collaborative partners in their communities, participating in alliances which allow them to offer more services, avoid service duplication, and connect with numerous federal, state, and local welfare initiatives. For example, by collaborating with home daycare providers and schools, Santa Clara and Murray provide some full-day care. Such collaboration with the broader childcare community is a specific recommendation of the HHS report.[45]

Other Head Start collaborations include work with state-funded preschool programs (Murray, Santa Clara, Albina, and Dade), with Housing and Urban Development programs (Inn-Circle and Dade), and with Visiting Nurses Associations and Community Health Centers (Inn-Circle and Newark, respectively). The programs have also helped businesses become involved in serving families -- a goal of both the NHSA and HHS reports.[46] For example, Inn-Circle secured cash donations and volunteer help from local businesses. Similarly, Newark's clinic resulted from local corporate interest and a grant from the Prudential Foundation; and Albina's science training for teachers is funded by local businesses. Such strong interagency and business partnerships help create entire communities that are vested in

children's welfare. These programs fulfill the hope expressed in the HHS report that Head Start not be isolated, but "join forces with other providers in the community and state."[47]

Head Start and Public Schools

Carefully planned collaboration between early childhood settings and the public schools helps ensure shared ownership of children's academic success.[48] The NHSA and HHS reports acknowledged that Head Start must work with schools in order to offer better transitions to -- and continuity with -- public education.[49] However, ensuring continuity through consistency in teaching methods and in parent involvement requires changing the cultures and operations of both public schools and early childhood education.

Murray, Santa Clara, Dade, and Albina offer examples of how Head Start programs can better work with public schools. Dade County Head Start shares space, resources, and training with public schools, while Murray, Santa Clara and Albina encourage developmentally appropriate curricula in the primary grades, and have well-established transition-to-public-school activities for parents, teachers, and children. Murray offers joint training for Head Start and public school staff; Albina has a program to orient Head Start parents to the public schools; and Santa Clara has spurred the schools to welcome parent participation and to hire culturally and linguistically appropriate staff.

Curriculum Choice

Head Start curricula are usually set by parents and staff, and thus differ from site to site. As both Albina and Dade suggest, curriculum choice is key to running effective Head Start programs. Albina's staff developed the academically-focused "SuperStart" curriculum, and augments this with science instruction. Similarly, Dade bolsters its High/Scope curriculum with multicultural, science, and tri-lingual programs. Although Albina and Dade chose specific curricula to use in their classrooms, parents in each program still have input as to *how* components of the curricula are met. For example, Albina parents helped plan a children's fashion show that functioned both as a fundraiser and as a way to bolster the children's self-esteem.

Staff Training, Turnover, and Compensation

Many people cannot afford to work for Head Start's low salaries and limited benefits.[50] In fact, 40 percent of all Head Start programs find it difficult to hire adequate staff, due in part to these factors.[51] Programs also report difficulty recruiting high-quality staff who reflect the ethnic composition of the children, and hiring enough staff to adequately meet families' needs. Those who are hired often do not stay long, as they can find better paid work in public schools or in private preschools. High staff turnover rates interrupt smooth service delivery and hinder the classroom experience. To remedy staffing problems, the 1993 HHS report suggests that:

- *staff represent the language, culture, and community of the children served;*
- *staff training be linked to college credit or to other recognized credentials;*
- *qualified supervisory staff be available to support and mentor newer staff;*
- *programs hire additional staff to meet families' needs; and*
- *Head Start performance standards establish minimum credentials for key positions.*[52]

The programs profiled in this report have developed strategic steps toward improving the human resource capacity of Head Start. Albina teachers participate in a summer science institute which allows them to earn college credit; Santa Clara employs experienced Area Teachers to help newer classroom teachers; Inn-Circle ensures that no caseworker is in charge of more than sixteen families at once; and Inn-Circle, Murray, Dade, and Santa Clara have all established minimum standards for teachers. Moreover, all six programs also have staffs who reflect the children's cultural and ethnic backgrounds.

Murray and Santa Clara have also lowered staff turnover by finding ways to offer teachers competitive salaries. Murray accomplishes this by combining state education funds with Head Start funds in order to

pay teachers on the public schools' salary scales. By improving teachers' compensation, both programs have attracted and retained high-quality teachers in their programs and have established minimum qualifications for these positions.

Eligibility Guidelines and Program Recipients

Although Head Start has received increased funding over the past decade, costs per child in constant dollars have remained relatively stable; for example, the 1994 federal expenditure of $3,800 per child per year is, in constant dollars, only slightly higher than the amount spent per child in 1980.[53] Indeed, Head Start still serves approximately the same number of children that it always has: 733,000 children received Head Start in 1966, while 721,000 did in 1993.[54] To compound the problem of the overall lack of funds, Head Start relies on the federal poverty line as a guide for eligibility and is therefore unable to serve children who are not recognized as impoverished by that measure. Clearly, the poverty line is an inadequate judge of need[55] -- a fact attested to by the more generous eligibility guidelines of other welfare programs.[56] As a result, many more children and families need Head Start than can receive it.[57]

While none of the programs profiled here is able to serve all eligible three and four-year-olds, as well as other low-income (but above the poverty line) preschoolers, infants, and toddlers, two have developed partial solutions to increase the numbers of children they serve. Inn-Circle provides infant and toddler care that is run on a cooperative basis, and Murray's partnership with school districts allows it to serve all income-eligible four-year-olds in an eight-county area. Both programs are thus taking important steps to meet the explicit goals of the NHSA and HHS reports that Head Start serve more and younger children.[58]

Research and Evaluation

When done successfully, evaluation allows program directors and participants to use new knowledge about program impact and operations for improvement. Rather than function as a task to be completed only to satisfy funders, evaluation becomes empowering for all involved, allowing participants and staff to use feedback to "construct a common vision of a desirable future."[59] Both the NHSA

and HHS reports identify the need for Head Start to document program benefits and evaluate programs more rigorously in order to demonstrate, as well as enhance, its impact.[60] Although none of the programs in this report have funding to allow them to conduct formal process or outcome evaluations on all aspects of their programs, they are vigilant in monitoring their work through a combination of data review, standard-setting, and participant surveys. A few programs do have formal evaluations on certain aspects of their work: Albina and Santa Clara have formal evaluations of their Head Start Transition Projects; the Harvard Family Research Project has conducted a process evaluation of the Newark Leaguers clinic; and Inn-Circle has designed a special inventory to assess the impact of its Community Interdependency Model.

Despite not having formal evaluations of their entire operations, these six programs ensure that they continue to offer quality services to families. They do this by regularly reviewing participant data, measuring program quality against established Head Start standards, and seeking parent perspectives via surveys and meetings. For example, Albina has tracked its students in the public schools in order to demonstrate the benefits of its program; Murray uses National Association for the Education of Young Children (NAEYC) evaluation guidelines for all its sites; and Santa Clara relies on a very extensive annual parent survey. Murray's adoption of NAEYC guidelines even goes beyond the suggestion of HHS that Head Start revise its performance standards by taking into account other early childhood guidelines, such as those designed by NAEYC.[61]

SERVING TWO GENERATIONS: RENEWING A COMMUNITY ETHIC

Clearly, the range and extent of Head Start reform issues challenge even the most ambitious and well-run programs. The six programs profiled here, however, suggest that such reform is attainable when families are supported by the wider community: That is, even with their admirable successes, these programs are limited in what they alone can do to alleviate poverty and create stronger communities. Head Start programs serve families best when they collaborate with other community agencies to provide families with the essentials of

quality childcare, health care, housing, and jobs. "Building a village to raise a child"[62] requires that Head Start join with other service providers to create child- and family-friendly communities; for even with a mandated two-generational focus[63] and stronger collaborative partnerships, by itself Head Start "...cannot fill the gaps for a system plagued by inadequate housing, health, and other family supports."[64]

Fortunately, one source of success for these programs is the sense of community membership they foster: They believe that it is not enough for families simply to receive help; families must also feel *welcome* in civic organizations that allow them access to networks and affiliations which other, higher-income families take for granted. The profiles suggest that creating stronger collaborations to support families helps secure a sense of belonging, mutual obligation, and interdependence for all involved.

Helping Head Start better serve children and families requires renewing entire communities' investments in children. In other words, supporters of Head Start need to accept "the full extent of dependence and interdependence in American life,"[65] as well as have a sense of "larger social obligations and commitments."[66] Since research suggests that programs that aim to change children's "enduring context" (the socio-economic conditions of the family and community) are more likely to create lasting improvements in their lives than those which focus solely on skills,[67] successful intervention on behalf of children requires a sincere commitment to the needs of *parents* and *families* as well as of children. Given that the most powerful predictors of children's future success are family poverty and parental education,[68] Head Start must focus more on parent, family, and community outcomes, and not only on children's progress.[69] The programs profiled here appropriately focus on all four kinds of outcomes, and thus are committed to changing the circumstances that impede healthy child development. Head Start can build on its history of improving parents' lives as it seeks to expand to serve more children and to focus more on family- and community-level outcomes.

While poverty has been said to turn neighbors into strangers,[70] these programs show that Head Start can do just the opposite by encouraging active community involvement, engaging in collaborations, helping parents and children work together, working with public schools to involve all parents in the education process, and

securing business interest in the improvement of communities. Since bettering parents' welfare helps children maintain the benefits of education,[71] the most important policy conclusion to draw from these profiles may be that successful Head Start programs are those whose commitments to parents are as strong as their commitments to children.

DADE COUNTY HEAD START

Location:	Dade County, Florida
Year Program Began:	1966
Number of Sites:	55
Total Annual Budget:	$23 Million
Primary Funding Sources:	U.S. Department of Health and Human Services, Dade County, and Dade County Public Schools
Key Features:	• Provides tri-lingual, multicultural, and science education • Serves HIV-positive or cocaine-addicted children • Provides full-day services during the school year • Collaborates extensively with public schools

Program Overview[72]

Dade County Head Start is unique in its educational programming: serving 4,855 children in fifty-five sites, it includes children who are HIV-positive or cocaine-addicted, and provides multicultural and tri-lingual education, as well as a math and science program. It also has extensive partnerships with the public schools to serve disabled children, to operate a Head Start Transition Demonstration Project, and to provide component services (health, mental health, nutrition, and other social services) for children eligible for Title 1. In addition, it has a unique relationship with school districts to operate twenty-four pre-kindergarten classes which are funded through the state lottery.

All Dade County Head Start classes run full days during the school year.

Community and Participant Characteristics

Nearly two million people live in Dade County. Though many have jobs in the tourism business, restaurants, hotels, and county and state government, over 68,000 families in Dade County are poor, with most of the poverty concentrated among children and youth. Among the children in Dade County Head Start, nearly 70 percent live with a single mother, and many are in the custody of grandparents. Nearly half of the families served by Dade County Head Start are unemployed or are working poor, able only to find seasonal work or low-paying jobs in hotels. While 92 percent of Dade County Head Start families have only one source of income, almost equal percentages of families rely primarily on wages (47.4%) and on AFDC (42.2%). The average annual income of a Dade County Head Start family is roughly $7,000.

Key Events

1966	Dade County Head Start is established as part of the Economic Opportunity Program. It serves 1500 children.
1971	The Community Action Agency assumes leadership of the program.
1973	The High\Scope Curriculum is chosen.
mid-1970s	Both the multicultural program and the systematic health care provider network are established. Enrollment reaches 2558 children.
1981	The Tri-Lingual Program begins in six sites.
1988	Through money generated by the Florida lottery, Dade County Head Start and the public schools establish pilot classrooms to serve Head Start children. The program expands state-wide the following year.

1991 Dade County Head Start becomes the first Head Start program in the country to screen its students for lead poisoning.

1992 Dade County Head Start receives the National Association of County Organization's Award for Excellence for its self-esteem program.

Program Governance

Dade County Head Start is part of a Community Action Agency (CAA), which in turn is part of the Metropolitan Dade County Government. The CAA oversees the fifty-five Head Start sites throughout Dade County and contracts with ten delegate agencies to operate twenty-five of those sites. The CAA operates the other thirty sites. The delegate agencies -- comprised of church-based, community-based, and non-profit organizations -- are subgrantees of the CAA and provide all services to the sites they operate. They also receive support from the CAA's administrative and fiscal staff; staff from both delegate agencies and from the CAA work to ensure that the four component areas of Head Start -- health, education, social services, and parent involvement -- are met.

Staff

Dade County Head Start staff are well-qualified: all teachers must have at least a B.A. in elementary or early childhood education, or an AA degree in elementary or early childhood education and two years experience teaching. Teacher assistants are required to have high school diplomas and experience working with young children. Minimal qualifications for Community Service Workers include an AA degree or two years coursework in social work, or a high school diploma and two years experience in social service work. Since Dade County Head Start has always accepted children who are HIV-positive, all staff are taught universal health precautions.

DADE COUNTY HEAD START STAFF (Across 55 Sites)	
Position	**Total**
Teachers	129
Teacher Assistants	143
Social Workers	17
Center Directors	11
Curriculum Specialists	17
Parent Involvement Specialists	7
Family Services Supervisors	5
Director	1
Other staff hold a variety of administrative, clerical, custodial, maintenance, and food service positions	

Services for Children

Although all children at Dade County Head Start participate in the High/Scope curriculum and multicultural education, many sites offer one or more of the following: instruction in Spanish and Haitian Creole, math and science taught within a "space" theme, and a self-esteem program. Dade's educational innovations are described below.

The Multicultural Program: In an attempt to reflect the cultural and ethnic diversity of its children, Dade County Head Start began a multicultural program in the late 1970s. Each classroom contains books, puzzles, posters, food, instruments, clothing, pictures and cultural artifacts through which children, parents, and teachers can learn about different peoples and areas of the world.

The Tri-Lingual Program: In 1981, six Dade County Head Start classrooms were designated to be Tri-Lingual classrooms. Instruction in Spanish and Haitian Creole helps Hispanic and Haitian children maintain their languages while they learn English.

It also encourages children who speak only English to learn either Spanish or Creole.

The Astronaut Program: This program, now in ten sites, began in 1986. It enriches both classroom and home activities by familiarizing children with math and science, taught within a "space" theme. Teachers receive on-going training in science education from the National Aeronautics and Space Administration (NASA). Parent involvement is encouraged through participation in the classroom and through science-theme activities which parents can do at home with their children. A flier, called "Hi Parent," describes what children are learning and how parents can compliment that education at home.

The Self-Esteem Program: A self-esteem curriculum is incorporated into twenty Dade County Head Start classrooms through a collaboration with Family Counseling Services. Offered three times a week, the activities focus on security, sense of self, and affiliation. Children are also guided through relaxation exercises before each activity. This program received a 1992 National Association of County Organizations (NACO) Award for excellence.

Health: Children receive health care through a system of eight community health centers and six quality assurance nurses hired by Dade County Head Start. In addition, they may receive nutrition, mental health, and disability services through a variety of community and social agencies that regularly work with the program. In an attempt to help families find a "medical home," Dade County Head Start keeps records of the health services that each child receives and encourages families to register with the community health system.

Services for Parents

Dade County Head Start staff, local universities, and service agencies provide parents with ongoing training in leadership development. Parents may also take adult education classes from the Dade County Public Schools (some of which are provided at the Head Start sites).

computer classes through the Community Action Agency; literacy classes at three sites; and parenting classes at every site. Other computer, employment, and training programs, as well as housing assistance and other special services, are also available.

Counseling and case management are provided to families through the Community Action Agency's Social Services Unit. Dade County Head Start also coordinates parent activities with the Community Action Agency's two-generational initiatives providing child development activities, and education, job training, and health care services.

Collaboration

Most of Dade County Head Start's collaborative partnerships involve an exchange of services and contributions to the program. For the past five years, Dade County Head Start has collaborated with the Dade County public schools and the Florida State Lottery to operate twenty-four pre-kindergarten classes that serve 480 four-year-old children. Head Start and the public schools share the state lottery dollars -- the money is funnelled through the schools, which in turn allocate funds to Dade County Head Start to help operate the pre-kindergarten classes at Head Start sites. The schools provide space for the classrooms and the state lottery funds six hours of preschool, while Head Start provides social, health, and nutrition services as well as before and after-school care. The public schools and Head Start coordinate space, technical assistance, nutrition services and disability services, staff training, and workshops.

Since 1988, Dade County Head Start and the public schools have also joined together to mainstream public school children with special needs into four Head Start classrooms. Children with disabilities are dual-enrolled in the public schools and in Head Start. The staff from both entities work closely together in these classrooms.

Funding

Dade County Head Start's total budget is $23,245,129 (see table below for a breakdown of funding sources). In addition to this budget, the program receives additional funds from the Community Action Agency, and the Florida State Lottery provides funds which serve 480 four-year-olds in pre-kindergarten classes which Dade County Head

Start operates with the public schools. Numerous collaborative partners also provide in-kind services.

DADE COUNTY HEAD START FUNDING SOURCES	
SOURCE	**AMOUNT**
U.S. Department of Health and Human Services	$ 17,939,014
U.S. Department of Agriculture	800,000
Dade County	2,150,000
Other County	700,000
Dade County Public Schools	1,656,115
TOTAL	**$ 23,245,129**

Monitoring and Evaluation

Dade County Head Start is evaluated in several ways:

- The federal Administration for Children and Families evaluates the program every three years.
- Internal program reviews are conducted annually by staff and community representatives.
- The Florida Department of Health and Rehabilitative Services (HRS) evaluates the program every year.
- The United States Department of Agriculture (USDA) conducts an annual audit of the program's nutrition component.

From completed evaluations, Dade County Head Start assesses its needs and, with input from the Parent Policy Council, makes plans for correction and improvement of its program.

The Dade County Public Schools also periodically evaluates the pre-kindergarten program as well as the four mainstreamed programs which serve children with disabilities. The Florida Department of

Education has given each student in the pre-kindergarten classes an identification number; this is done in order to track them throughout their education and to study the impact of early intervention. These follow-up studies, for which results are not yet available, are paid for by Florida's Early Intervention Funding, the money generated by the state lottery. Since Dade County Head Start has a role in operating these classrooms, the results of this tracking may be informative for the Dade County Head Start program as well.

Future Challenges and Implementation Issues

Though Dade County Head Start addresses the educational and social needs of nearly 5,000 children, 30-40 percent of children who meet income and disability guidelines in Dade County remain unserved. The program must also work to assure quality programs in all fifty-five sites. Some challenges are unique to specific sites, but most are universal. Specific challenges include replicating the Astronaut and Tri-Lingual programs, while universal challenges include changing parent involvement practices to reflect the time constraints of busy parents, addressing the problem of staff turnover, and improving staff development opportunities.

Like most Head Start programs, Dade County Head Start has had to modify its parent involvement component in order to accommodate the schedules of parents who work or go to school. The program has learned to meet parents' needs by holding committee meetings in the evenings or on Saturdays, by involving them in fundraising, or by asking them to contribute crafts that they can make at home for classroom use. It is a challenge, however, for busy parents with limited resources to find time to be active in their child's classroom.

Finding funds to help employees further their education will also continue to challenge Dade County Head Start. Staff turnover is high among teachers, due primarily to the better salaries that they can find working for the public schools or for other child care providers. Dade County has begun to address staff turnover and staff advancement opportunities by offering a tuition reimbursement program to employees.

Three other challenges for Dade County Head Start are acquiring adequate funding to maintain quality programs, finding adequate space to accommodate rapid expansion, and developing a way to incorporate

siblings of Head Start children into the health services delivery system. With its history of meeting tough challenges, however, Dade County Head Start is likely to solve its programmatic and staffing problems, as well as meet the social service needs of its community.

Reflections

Ophelia Brown, Director

"Running such a large program entails dealing with different zoning guidelines in twenty-seven municipalities in Dade County. Meeting state and local licensing requirements for our sites is hard work. Perseverance and a caring attitude are key to overcoming these obstacles.

"Communication is a major part of my job. I have to coordinate with so many levels of red tape. Just trying to pull the pieces together while working with so many different public and private entities is a real challenge. However, the support we receive from the County government and the community makes it all worthwhile.

"This program is fortunate because it has a good working relationship with school districts; rather than competing for the same preschool children, Dade County Head Start and the schools coordinate sites and training, and share equipment. We also share committees and put together grants for collaborative projects. So our relationship with schools really enhances our program.

"I never want this program to become so large that we lose that personal touch. We want to know parents', staff, and community needs. We try to make sure our classrooms are attractive. We like to invite the public in. We want our Head Start programs to be something the community can take pride in.

"I started as a volunteer and worked my way up. Head Start has allowed me to go places I never thought I'd go -- and it's done that for staff and parents, too. Head Start has made a difference in my life. Head Start is not just for children. It's for staff. It's for parents. It's for the community. Head Start is a family affair."

Debra Jackson, Parent

"My first daughter went through Head Start in 1991, and when my baby went to kindergarten, she wasn't lacking anything! She was right

in there! I now have a five-year-old coming out of Head Start and my twins will enter it in the fall.

"I consider myself a mother now because of Head Start. I learned a lot about parenting at Head Start, about the little things that we overlook. I have a better understanding of my children now. I really feel like I owe Head Start. They made such a difference in my life. I have said to myself, 'Since you all make me feel so good, I'm going to promise to do even better.' Head Start saved my life. I just can't praise the staff enough. It's like a big family that extends a hand. Head Start keeps me involved; it keeps me a person."

"It's a misfortune that the program isn't all year -- it offers so much not only for the child, but also for the parent. They offer parents self-worth, so you no longer just exist. They tell me, 'We're not going to count you out, and you're not going to count yourself out.' Head Start was not only a Head Start for my child, but also for me. The key is to help mothers achieve self-sufficiency. Hopefully, by September when I finish my childcare program, I'll be a success story."

Orvia Fort, Former Parent and Teacher Assistant

"I started with Head Start in 1965 or 1966. I am the mother of eleven children. My kids were in a Catholic kindergarten and the sisters told me about it. I registered the children and they were going to school for free, which was good because we couldn't afford private school. Nine of my children went through Head Start.

"Now almost thirty years later, I'm still promoting it. I'm a grandmother, and I'm always preaching Head Start. Most of my girls have college degrees and are still going to school, pursuing Masters degrees. They told me now to focus on myself. I'm two semesters away from finishing my Bachelor's degree in elementary education. As a Head Start parent, the program exposed me to workshops and seminars in order for me to improve myself. They really care about you and your goals. Head Start didn't do it all, but I can truly say it gave all of us a Head Start.

"In terms of program weaknesses, I just wish the program was year-round. Also, we're not reaching enough children. President Clinton should make preschool mandatory, just like public school. And, Head Start should have its own buildings, just like public

schools have buildings. We need to reach kids early, because this is a competitive world. When you consider that public school kindergartens are crowded, yet each Head Start class only has twenty children in it, you know you are missing a lot of kids."

Susan Gold, Adjunct Assistant Professor, Pediatrics, University of Miami/Mailman Center

"I contract with Dade County to screen children, perform psycho-educational evaluations, consult with parents and teachers about Individualized Education Plans, and train teachers. I have a lot of contact with parents.

"In my own opinion -- and I can say this because I've known the program for twenty years -- I know that Head Start works. I think Head Start has really contributed to our society in the sense of reducing the number of children in special education classes, school dropout and teenage pregnancy rates, and the need for remedial work. If nothing else, just the fact that the kids have two nutritious meals a day, a snack, a nap, interaction with other children, medical and dental care -- that alone makes the program worthwhile. But, adding the parent involvement component and the educational curriculum on top lifts the kids that much more above children in other daycare or preschool arrangements. Some people have the perception that Head Start parents don't care or aren't involved. Well, I don't know how Head Start parents got such a bad rap! They are loving, caring, involved and interested.

"However, one of the biggest challenges or weaknesses I see to the program is the salaries it offers. You can't attract or retain qualified people when you can't pay them well. And the discrepancy we're talking about between Head Start and the public schools isn't small -- it's a huge discrepancy."

For further information, contact:

Ophelia Brown, Director
Head Start and Family Services
Community Action Agency
Metropolitan Dade County
395 NW 1st Street
Miami, FL 33128-1698
(305) 347-4622

ALBINA HEAD START

Location:	Portland, Oregon
Year Program Began:	1975
Number of Sites:	16
Number of Children Served:	320
Total Annual Budget:	$1.4 million
Primary Funding Sources:	U.S. Department of Health and Human Services, Head Start research and demonstration grants, and Oregon Preschool Program
Key Features:	• Science training for Head Start teachers • Full-day services during the school year • Tracking academic performance of its students • Enriched children's curriculum

Program Overview[73]

Albina Head Start (AHS) serves 320 children in sixteen centers in Portland, Oregon. AHS is committed to train Head Start teachers to teach science, and has several well-established collaborative relationships with community organizations. It boasts a three-year Head Start Transition Grant to demonstrate and evaluate integrated and comprehensive service delivery for Head Start children through the third grade, is involved in a five-year demonstration project for the

prevention of alcohol and drug abuse, and has tracked the academic performance of former AHS students who attend Portland Public Schools (PPS).

Community and Participant Characteristics

The areas in Portland served by AHS have the highest concentration of persons living below the poverty level. Indeed, more than a third of children under six living in these neighborhoods come from families with incomes below that line.[74] Yet, only one-third of income-eligible Head Start children in Portland are served by either federal or state-funded Head Start programs. Nearly all families served by AHS have incomes below the federal poverty line, even though 42 percent work full-time. Most children are with the program for two years. Three and four-year-old children evenly make up the 230 federally-funded slots; state funds enable ninety additional children to participate in Albina Head Start.

Key Events

1967 Portland offers its first Head Start program in three sites.

1975 AHS is founded, and provides 125 children with full-day care in three centers.

1986 AHS contacts the Portland Public Schools in order to track the academic performance of its graduates in that school system.

1988 Research on 355 former AHS students who attend Portland Public Schools suggests that AHS has positively influenced children's scholastic achievement.

1992 AHS receives a Head Start Transition Grant to demonstrate and evaluate a model for providing comprehensive and integrated services to children in Head Start and through grade three.

1992 Marylhurst College begins a Summer Science Institute for Head Start teachers.

1993 Twenty teachers from AHS participate in the Marylhurst program. More teachers will participate in the summers to come.

Program Governance

The AHS director is responsible for all day-to-day operations; specific areas are supervised by the health, social services, education, and fiscal coordinators. A Health Service Advisory Committee meets twice a year to advise AHS in the planning, operation, and evaluation of the Health Services component. A Management Team, made up of representatives from each classroom and each job classification, identifies program areas that need strengthening, and recommends ideas for improvement, planning, and evaluating overall program goals. As in all Head Start programs, the Parent Policy Council approves all program policies, budgets, center locations, and personnel decisions.

Staff

AHS employs eighty-two people, the majority of whom are from the Portland area. The staff reflects the ethnicity of the children served: 74 percent are African-American, 24 percent are White, and 2 percent are Hispanic or Asian. Each center has a full-time teacher and two full-time teacher assistants, all of whom have current first-aid cards. During the summer, teachers are invited to participate in Marylhurst College's Summer Science Institute. This four-week, full-time program provides Head Start teachers with five hours of college credit, a $1,000 stipend, and an increased ability to teach science to young children.[75] Through Project Imani, the staff is trained to identify and address substance abuse problems.

Seven Family Team Specialists work with the teachers and assistants to help families set short-term and long-term goals. A Family Support Team -- consisting of a family specialist, the child's parents or guardians, and the child's teacher and teacher assistants -- functions as a case management team and refers families to social services available in the community.

AHS also employs a director, a fiscal officer, and a coordinator and an assistant coordinator for each program component (education, health/special needs, and social service/parent involvement). The County Health Department provides the program with two funded posititions for off-site mental health services.

Services for Children

By relying on a lean administrative staff and on grants that supplement its program budget, AHS provides all-day care for children during the school year. AHS also offers creative movement classes taught by Oregon Ballet Theater, science education specifically geared for young learners, a multicultural education curriculum, substance abuse prevention, and contact with senior citizens who volunteer in the classroom through the Foster Grandparent Program. In addition, AHS's staff-designed SuperStart curriculum offers children concrete learning experiences organized around monthly themes in the areas of language, science, math, social studies, art, and health.

Services for Children

- All-day care, 36 weeks a year
- Science education (through collaboration with Marylhurst College)
- Multicultural education
- Academically-focused SuperStart curriculum
- Substance abuse prevention -- Project Imani
- Contact with senior citizens -- Foster Grandparent Program
- Creative movement classes from the Oregon Ballet Theater
- Help in finding medical, dental, and mental health care

AHS also helps ensure that children receive adequate health care. Collaborative arrangements with community organizations and local hospitals allow AHS children to receive their Head Start-required physicals and any necessary follow-up care. Free dental screenings

and exams are provided to AHS children by the Oregon Health Sciences University and the Russell Street Clinic. Children can also receive speech counseling through a speech pathologist provided by the Portland Public Schools.

Services for Parents

AHS' Family Support Teams are well-equipped to help parents gain access to the services they need. Parents receive emergency assistance -- such as food, clothing, and health care services -- through various community organizations that collaborate with AHS. For example, free mental health counseling is available off-site to parents and families through both Multnomah County Mental Health and the Child Development and Rehabilitation Center of the Oregon Heath Sciences University. Similar collaborations also provide parents with GED classes and other adult education opportunities.

While their children are enrolled in the Head Start program, parents participate in wellness workshops, parenting classes, and monthly Center meetings which focus on issues such as substance abuse, child safety, child development, and the planning of future AHS activities. In this way, AHS provides regular opportunities for parents to learn about child development and education; nutrition; and mental, physical, and dental health.

Collaboration

The Head Start Transition Grant which AHS received in 1992 spurred a collaborative effort among AHS, the Portland Public Schools, the Northwest Regional Educational Laboratory, public school parents, and many community agencies and organizations to demonstrate and evaluate a model for providing comprehensive services to children from preschool and through grade three. Through parent meetings, written material on the public school system, and a network of former AHS parents whose children already attend public school, AHS helps ease the transition from Head Start to public school for children *and* parents.

The Marylhurst College Summer Science Institute for Head Start teachers is also an important collaborative arrangement. Funded by grants from forty-one businesses, this institute allows Albina Head Start teachers to learn better ways to teach science to young children

while at the same time earn college credit.

The program also collaborates with the County Health Department, which provides the program with two funded positions for off-site mental health services.

Funding

ALBINA HEAD START FUNDING SOURCES, 1993-94		
SOURCE	**AMOUNT**	**PERCENTAGE**
U.S. Department of Health and Human Services	$ 558,459	39.24%
Head Start research and demonstration grants	303,449	21.32%
Oregon Preschool Program	243,614	17.12%
Center for Substance Abuse Prevention	102,574	7.21%
In-kind research and demonstration grants, and In-kind HHS	215,120	15.11%
TOTAL	**$ 1,423,216**	**100%**

The overall budget for AHS during the 1993-94 school year was $1.4 million (see table above for breakdown of different funding sources). Thirteen of Albina Head Start's sixteen centers are federally funded; three are funded by a state-run Head Start program (the Oregon Preschool Program). Albina's budget is relatively small because many services are contributed to the program free of charge or for a very low cost. All but two of the sites used by AHS are provided free to the program: centers are furnished by the Portland Public Schools, the Housing Authority of Portland, the Portland Parks Department and Portland Community College. Two churches also house centers and only charge the program for utilities. Moreover, the Portland Public

Schools have consistently provided food service, a speech pathologist, four teacher assistants, and special needs professionals to the program at the lowest possible cost. The program also receives in-kind services from the Oregon Ballet Theater, and through the Northwest Regional Educational Laboratory. Grants from forty-one corporations fund the Summer Science Institute for Head Start teachers at Marylhurst College.

Monitoring and Evaluation

In 1986, AHS contacted the Portland Public Schools to explore the possibility of following the academic performance of its students who went on to attend the Portland Public Schools. Tracking began in the 1986-87 school year, and was completed in 1988. Findings indicated that the 355 former AHS students, then in grades K-5, were performing at grade level, were more likely to be enrolled in Talented and Gifted Programs than the district average, and were less likely to be placed in special education than the district average.[76] AHS considers this tracking of its Head Start graduates to be a kind of evaluation which suggests that the program has been successful in obtaining long-term academic success for low-income children.

AHS monitors itself in several ways: Parents annually review and update the program's working plans, and twice a year they fill out and return evaluation cards. Using an achievement checklist, teachers monitor children's progress and needs. The results of this monitoring are shared with parents and incorporated into daily lesson plans and home activities for the parent and child to do together.

Future Challenges and Implementation Issues

AHS has focused on educational innovation in its program, as well as on connecting research to practice. While it has achieved remarkable educational progress, it is striving to improve its services in other areas. AHS' main challenge is to maintain the high quality and innovation of the program while finding ways to expand to serve more children. An additional challenge is to find funds to serve children and families year-round, rather than just during the school year. As state funding has been cut back, AHS has had to find ways to "stretch" its federal Head Start dollars and locate additional in-kind and free services.

Reflections

Ron Herndon, Director
"We do our best to meet the needs of Head Start children and their families. This gets kind of tricky because needs can change dramatically, and one's natural programmatic instinct is to stand put. So, we reward staff who develop innovative approaches that help children and families. We are expanding the definition of "literacy" for our parents and our staff to include computer literacy. This is only one example of our efforts to meet societal changes. We try never to forget that our commitment to helping individual children and parents is the cornerstone of Head Start."

Audrey Sylvia, Head Start Teacher
"The thing I really like about Albina is that we help the children and the families. We work with kids, parents, siblings -- we try to deal with all of them. I worked at a private preschool for twenty years, and you don't get to know much about the family there. With Albina, you get to know the whole family.

"Money, however, is always a problem. For example, I'd like to have more money for field trips. When we do go on field trips, we use public transportation. It would be nice to have a school bus. Sometimes money also holds you back from what you want to do for a family.

"Summer-time care is also a problem for the families. We are open from 7:00 to 5:30, but only during the school year. Albina tries to find different resources -- like the YMCA and park department camps -- to suggest to parents. But, it's hard for families to find full-time, affordable or free summer care. It would be great if we could afford to serve families year-round."

Rita White, Former Head Start Parent and 1994 graduate of Portland Community College
"When I moved here in 1988, I needed a place for my son to go to school. I went to different preschool programs, but they wanted money I didn't have. I was only making about $600/month then. I was really frustrated. I found Albina, however, and since it was full-day, I was able to take classes full-time.

"My son is nine now. He learned so much there. It was amazing, especially his vocabulary. He was three or four and he was using two and three-syllable words, like "fantastic," and "outstanding." It was especially good for an African-American child or a poor child -- no, any child.

"The staff at Albina are really attentive. My kids loved them. They'd say, 'There's my teacher!' Albina also really involves parents and are willing to accept all our ideas. We gave a fashion show as a fundraiser -- the children were so cute. Some were really shy, but felt good about themselves afterward. The parents felt good, too.

"Albina has also helped me with problems. I was having problems with my teenage daughter, and just because I had another child in Head Start, they found a counselor for her. I really can't think of anything they don't do for a child or a family. When an organization goes that far to help a child, you just want to give back. Last year, I was the State Representative for the Head Start program. I would advise any parent to take their child to Albina."

Sandy Stephen, Head Start Teacher

"A lot of children and families would be lost in the shuffle without Albina. Many middle- and upper-class parents can afford to send their kids to preschool and to take parenting classes. These families couldn't without Albina Head Start.

"I'm very proud of the fact that Albina is full-day, and meeting the needs of parents. I'm proud to be working with the African-American community and to be addressing bias and using an anti-bias curriculum. We know what diversity is here; we live it every day. I feel loyal and dedicated to the program for not only what it does for families, but also what it does for staff. For example, I took the science training at Marylhurst College and loved it. I'm much more comfortable offering science activities now. The program not only encourages parents and children to grow, it encourages staff to do so, too."

For further information, contact:

Ron Herndon, Director
Albina Head Start
3417 NE 7th
Portland, OR 97211
(503) 282-1975

42

THE LEAGUERS, INC. HEAD START

Location:	Newark, New Jersey
Year Program Began:	1992
Number of Sites:	3; one with an on-site clinic
Number of Children Served:	Open to the 321 enrolled Head Start children, and to any child under age six living in Newark's South Ward
Total Annual Budget (for sites and for clinic):	$3.7 million
Primary Funding Sources:	Prudential Foundation, U.S. Department of Health and Human Services, New Jersey Department of Education, Essex County
Exemplary Features:	• On-site health care clinic • Business and Head Start partnership

Program Overview[77]

The Leaguers, Inc. has a long-term goal of establishing a comprehensive child development center in Newark by co-locating all necessary services for children in one location. To this end, its on-site clinic seeks to become a reliable "home base" where South Ward children aged six and under can receive quality health care in a location convenient for their parents. The clinic is open three half-days per week, and will increase its services and its hours as interest and need allow.

Community and Participant Characteristics

The South Ward, which contains 20 percent of Newark's total population, is the largest and poorest of Newark's five wards. It is estimated that 840 Head Start-eligible children and their families live there. Thirty-one percent of South Ward families have incomes below the poverty level and 23 percent of all South Ward households are headed by single parents. Crowded living conditions, lead paint, and inadequate heating are common. The incidence of infant mortality in Newark (19.3%) is twice that of the rate of the state of New Jersey.

The families in the Leaguers Head Start program have an even higher incidence of the economic problems that plague the South Ward as a whole: 90 percent of the Leaguers Head Start parents are raising children alone, 96 percent receive AFDC, and the average annual income for a Leaguers Head Start family is only $6,300.

Key Events

May 1989	Two business groups, The Partnership for New Jersey and the New Jersey Business and Industry Association, hold a conference to discuss disadvantaged children. A new coalition, Invest in Children, forms to focus on expansion and improvement of WIC and Head Start. The Prudential Foundation, the Resource Access Project, and the federal Region II Head Start office collaborate to establish a clinic at a Head Start site.
1991	A survey of Head Start directors, designed by the Resource Access Project and administered by the Region II Head Start office, takes place. Leaguers responds to the survey, expressing interest in an on-site health care clinic.
Sept 1991	Leaguers learns it is one of three Head Start sites chosen to have a clinic because it meets the criteria of having at least a twenty-year lease or ownership of space. Prudential funds the renovation and first year operating costs of the clinic.
May 1992	The clinic officially opens.

Fall 1992	Heavy clinic use begins as parents schedule appointments for their children's annual physical exams. The Head Start community becomes more aware of the Clinic.

Program Governance

Leaguers Head Start is part of The Leaguers, Inc., a multi-service agency that provides recreational and social services to families in the South Ward; the on-site clinic is a satellite of the Newark Community Health Center (CHC). The Newark Community Health Center is fully responsible for the operations of the clinic. A Board of Trustees has legal and policy oversight of the Leaguers Head Start program. Two members of the Leaguers Head Start Parent Policy Council sit on this Board; the Parent Policy Council meets monthly and makes and approves all policy decisions.

Staff

The clinic is staffed by a nurse practitioner, a doctor, and an administrative assistant, all of whom are paid by the Newark Community Health Center. Program staff at the Leaguers Head Start is composed of one director, one assistant director, fifteen teachers, fifteen teacher assistants, eight family service workers, three site supervisors, managers in parent involvement, social service, health, nutrition, and special needs; and three custodians, two intake staff, four food service workers, one administrative assistant, and one assistant secretary. Leaguers and health center staff work together closely on matters of patient referral, compliance with Head Start health care requirements, parent health care education, nutritional guidance, and outreach and recruitment of non-Head Start children who are eligible to use the clinic.

Services for Children

Since its inception in 1965, Head Start has required children to have complete physical and dental examinations before entering the program. This has usually meant that Head Start refers families to providers, and that the families must travel on their own to doctors willing to accept their Medicaid insurance. Too often, however, lack of transportation, scheduling problems, fear of doctors, or the unavailability of doctors have meant that children have not received

required exams. The clinic's services have helped Leaguers Inc. Head Start children receive preventive care, and have helped program staff connect families with a "medical home." In addition, speakers from local hospitals regularly visit the classrooms to teach children about health care and nutrition.

Children also benefit from a bilingual curriculum, an alcohol awareness program, and field trips. Teachers label classroom objects in English, Spanish, and Haitian Creole, teach songs in Spanish and Creole, and tell stories from all cultures. The program also holds an annual "Ethnic Day," where children and parents bring foods and wear costumes that represent their heritage. The alcohol awareness program, Beginning Alcohol Awareness and Basic Education Studies, is meant to prevent alcohol and substance abuse and to teach children about child abuse. Children's classroom experience is further enriched by participating in events such as the annual Hop-A-Thon for Muscular Dystrophy -- in 1994, they raised nearly $4,000 for that organization.

Services for Parents

Parents are assigned to Family Workers who, as needed, provide them with housing, clothing, food assistance, information, and referral services. Family Workers help parents access employment training, computer literacy classes, and parenting classes that are available through collaborations with community agencies and established social service programs. As with all Head Start programs, parents are involved in program policy decisions and administration, and through this experience, they often gain useful professional skills. For example, many parents have been hired as Head Start teacher assistants after their experience in the Head Start program. The program also educates parents about their children's medical health and cognitive development.

Collaboration

Both the Leaguers, Inc., and the Newark CHC oversee the clinic's operation. Both engage in outreach by sending teams of workers from each organization into the community to distribute information. Leaguers Head Start is responsible for the clinic's case management, while the CHC handles the Medicaid billing. Monthly meetings

between staffs of each organization help ensure a smooth collaborative effort. Copies of patient records are kept at both the main CHC office and the Leaguers satellite clinic. Most appointments are scheduled, but the clinic does leave open a block of time for walk-ins.

Funding

Leaguers Head Start has a total budget of over $3.7 million (see table below for breakdown of funding sources). Since 80 percent of residents in the South Ward receive Medicaid, Medicaid reimbursements have covered the operating costs of the clinic since the end of the first year of operation. As a satellite to the Newark Community Health Center, the clinic also has non-profit status, which means that it has access to federal funds to cover losses.

LEAGUERS FUNDING SOURCES, 1993-94	
SOURCE	**AMOUNT**
U.S. Department of Health and Human Services (includes federal, state, and in-kind funds)	$2,480,942
United States Department of Agriculture	110,000
New Jersey Department of Education	708,000
New Jersey Department of Education, Division of Youth and Family Services	54,000
New Jersey Department of Education, Division of Youth and Family Services (Grant)	3,000
Essex County Family Development Program	421,000
Grant from First Fidelity Bank	2,500
Prudential grant for three-year program in literacy	2,500
TOTAL	**$3,781,942**

Monitoring and Evaluation

The Harvard Family Research Project is studying the impact of the satellite clinic, and will provide formative feedback to Leaguers Head Start. Included in this study will be information on the process and development of the collaboration, the community's and parents' perception of its benefits, and its influence on children's health in terms of improved access to care.

Future Challenges and Implementation Issues

The clinic's initial challenge was simply to educate people about the new medical services available in the neighborhood. For example, some parents, unaccustomed to using the clinic, have had to be reminded to pursue follow-up care. However, as usage increases (and it has steadily), the clinic will face a new problem in addition to education: how to expand hours of operation to meet new demands. If the clinic can maintain a patient base and be supported by the community, it will expand to serve younger and older children. Since a crucial aspect of increasing awareness and use of the clinic is fostering trust in doctors, clinic organizers have focused on developing relationships between patients, parents, and clinic staff.

Another challenge is to replicate the clinic in other Head Start sites. This will continue to be problematic as long as Head Start sites must own their facilities in order to have a clinic. In addition, it will be difficult to create more on-site clinics without enough Community Health Centers with which to collaborate.[78] Finally, Leaguers Head Start and clinic staff recognize that all children need to have a "medical home." This is especially difficult for those families who are not Medicaid-eligible, but who still lack medical insurance. Initial response to the clinic indicates that it is helping underserved children receive regular and preventive health care, and fewer parents are relying on home remedies or trips to hospital emergency rooms. The Leaguers, Inc. Head Start clinic has helped more parents pursue follow-up and preventive care for their children.

Reflections

Veronica Ray, Director, The Leaguers, Inc. Head Start Program
"Families tend to treat symptoms at home as much as they can before they go to the doctor. Once they get there, the symptoms get treated on the spot and the problem gets solved for the time being. The problem is that families get referred to the public clinic for follow-up care. Most parents, however, do not go the follow-up visit because they don't like the clinic and because the visit would take all day....Prior to the on-site clinic, parents were not getting any education when they visited the emergency room or the clinic. They would get treated for the immediate problem only, and did not find out the cause. No preventive work was happening....Parents' health experiences will now correlate with what they have been taught at Head Start....[this] will provide for the 'medical empowerment of parents.'"

Lenora Williams, Former Leaguers, Inc. Head Start Parent
"I found out about Head Start because my nieces and nephews had gone there, and I became involved in the program due to my children. I have three boys.

"I have loved the program. I've learned a lot -- about working with kids, about how to deal with people better. I've been involved in everything. I've been a cook, a teacher assistant, a secretary. I've gone to conventions for parents, and have talked to parent groups about striving to get what they want from life and using Leaguers to help them get that. Leaguers taught me to teach parents how to get involved in the program. They've also helped me with financial problems, like with food and clothing. I helped out a few times at the clinic -- telling kids not to be scared. The clinic is good; they tell you where to go if your child needs further medical attention. I still volunteer in the program, even though my boys are no longer in it.

"Leaguers is like a family. They're always willing to help."

Rosemary Gibbs, Leaguers, Inc. Head Start Parent
"The program is good because it helps me; it helps me explore parenting, deal with lots of different kinds of people, and learn about my rights as a parent. I'm not by myself anymore, because I've met

other parents. I always used to say I couldn't do anything. Leaguers has worked on my self-esteem. Now, I'm going to school for my GED. They're behind me 100 percent, so I know I can do it.

"My daughter likes it, too. She likes school. She's learning a lot. She always has something positive to say about school.

"We need more Head Starts. Lots of children don't have it. I wish we could bus kids from other neighborhoods that don't have Head Start to Leaguers. I have girlfriends who have kids but they can't get here to go to Leaguers. I also wish Leaguers were open during the summer, and I wish Head Start could stay with kids until they go to third grade. They're so good with kids. Once kids leave Head Start, it's kinda like we lost them. Some teachers in the public schools are dedicated, but some are just there because it's a job; some aren't as good with kids as Head Start teachers are.

"Leaguers staff is friendly; they're always there for you. They try to make you comfortable. They treat you like you're somebody; even if you don't have a job, there's no difference. They also get back to you when they say they will. There's no dumb question at Leaguers -- you ask and they help! They try their best. That's why I admire them. They treat you like family. It's a nice, pleasant place to be."

For further information, contact:

Veronica Ray, Director
The Leaguers, Inc. Head Start
1020 Broad Street
Newark, NJ 07102
(201) 643-0357

MURRAY HEAD START

Location:	Western Kentucky (eight counties)
Year Program Began:	1966
Number of Sites:	25
Number of Children Served:	979
Total Annual Budget:	$2.7 million
Primary Funding Sources:	U.S. Department of Health and Human Services, Kentucky Education Reform Act of 1990 (KERA)
Key Features:	• State funds through KERA allow Murray Head Start to serve twice as many children as it would with Head Start funds alone • Serves all income-eligible four-year-old children in eight counties. • Requires all instructional aides -- not just teachers -- to have the Child Development Associate (CDA) credential.

Program Overview[79]

Murray Head Start aims to maximize community resources to provide developmentally appropriate preschool to all economically disadvantaged preschoolers and those with disabilities. By combining funds from the Kentucky Education Reform Act (KERA) of 1990 with federal Head Start dollars, Murray is able to serve twice as many four-year-old children as would normally be funded through Head Start alone. Serving nearly 1,000 children, most of the sites run half days, with morning and afternoon services; they are housed in twenty-three elementary schools, one high school, and at a center at Murray State University. Through extensive cooperative agreements with community agencies, Murray Head Start sites help parents access the housing, jobs, and educational services they need.

Community and Participant Characteristics

The leading industries in the eight counties served by Murray Head Start include Murray State University, manufacturing, chemical industries, and agribusinesses. Most of these industries' jobs require knowledge and skilled labor. Yet, because many people in the eight counties lack both adequate education and training, they work in low-paying jobs and live on incomes near or even below the poverty line. The unemployment rate for all adults living in the eight counties ranges from five to thirteen percent; the average income of a Murray Head Start family is only $5,000.

Most of the families served by Murray Head Start live in rural areas; many parents are working poor, and 51 percent are headed by single women. Head Start families must meet federal poverty guidelines;[80] children whose families meet the federal free lunch guidelines -- which are higher than the poverty line -- qualify for KERA services.

Since current Head Start funding is insufficient to cover even those who do meet the federal poverty line, each Murray Head Start Policy Council develops recruitment criteria in order to reach the neediest families. Children of parents who receive public assistance and participate in employment training programs are generally given preference when they apply for Murray Head Start.

Key Events

April 1990 The Kentucky Education Reform Act (KERA) establishes a state preschool program for "at-risk" four-year-old children and three- or four-year-old children with disabilities. Six local school districts initiate partnerships with Murray Head Start (MHS) to open or expand preschool services. This collaboration doubles Murray's enrollment.

1991 McCracken County is added as a service area. Murray/Mayfield centers receive accreditation from the National Association for the Education of Young Children (NAEYC).

1992 MHS serves 564 children in six school districts in four counties. The Graves and Marshall centers receive NAEYC accreditation.

1993 McCracken centers receive NAEYC accreditation. MHS now serves eight counties. 979 children receive Head Start/Preschool services through the Murray Head Start program; 434 are funded by Head Start and 545 are funded through KERA.

Program Governance

The Murray Independent School District is the grantee for Murray Head Start, and oversees the twenty-five Head Start sites in eleven school districts located in eight primarily rural Western Kentucky counties. Although members on this independent board are elected from the Murray school district only, the board assumes all financial and legal responsibilities for all twenty-five programs. The board does not, however, set program policy. Program policy for the sites is set by the Murray Head Start Policy Council, a twenty-two member committee comprised of one parent and one community representative from each of the eleven school districts. Parents of children funded through KERA and parents of children funded through Head Start sit together on this Council.

Staff

Murray employs thirty-four teachers, thirty-six instructional aides, four administrative staff, four support staff, eight family service workers, seven family service assistants, and four central office staff. Hiring decisions are made jointly by Head Start and local school districts. By making a commitment to pay early childhood teachers as well as public school teachers, Murray Head Start is able to attract and maintain competent teachers. Teachers are paid both by Head Start and KERA in proportion to the number of Head Start and KERA children in their classrooms. This cost-factoring allows teachers and instructional aides to be paid on the salary scales of the various school districts. Murray also requires all instructional aides to have a Child Development Associate (CDA) credential -- something the federal Head Start guidelines only require of Head Start teachers.

Services for Children

By collaborating with a variety of community and social service organizations, Murray provides children with transportation and health services, help with transition to public school, immunization tracking, and Head Start classes. Local philanthropic clubs also work regularly with the children: Kiwanis Clubs have constructed playgrounds, while Lion's Clubs have provided vision screenings. Sororities and fraternities from Murray State University, and Kiwanis and Lions Clubs, have all sponsored holiday parties. The Retired Senior Citizen Volunteer Program provides regular volunteers in many sites, and in one district, the Celebrity Reading Program brings the mayor and other local "celebrities" into the classroom to read to the students.

Services for Parents

Parents at Murray Head Start may take advantage of adult education and literacy classes, parent involvement activities, mental health and substance abuse programs, parenting classes, and parent support groups. At some sites, parents may pursue their GED in classrooms housed in the same buildings where their children attend Head Start. Many parents also participate in welfare-to-work programs. As part of Head Start and KERA's parent involvement component, Murray Head Start parents serve on advisory boards and planning councils.

volunteer in classrooms, receive home visits, and take part in parent training.

Collaboration

Murray Head Start and the Public Schools: Schools which house the Murray Head Start/KERA preschool programs benefit from Murray's expertise in working with children and families, while the Head Start/preschool programs benefit from having a closer relationship with the schools its "graduates" will attend. Head Start's emphasis on developmental appropriateness has spilled over into the schools that work with Murray Head Start; this has occurred both due to Head Start's physical presence in the schools and to KERA's emphasis on educational reform at all levels. Moreover, most services for children and for parents are provided collaboratively through arrangements with schools, local social service agencies, health departments, Murray State University, the Department of Social Services (DSS), the Department for Social Insurance (DSI), and the West Kentucky Literacy Council. Interagency meetings in each county ensure that the Murray Head Start's collaborative partners share their knowledge and avoid service duplication.

Kentucky Integrated Delivery System (KIDS)[81]: KIDS is an established collaboration of social service agencies in three of the counties served by Murray Head Start. Murray Head Start works with these KIDS collaborations to help families obtain services. The agencies share information through regular meetings and case conferences; they also share facilities, resources, staff, and expertise.

Sequenced Transition to Entrance in Public Schools (STEPS): Created by the State of Kentucky, this program is in two of Murray's school districts. A systematic approach to helping children and families make transitions in early education, STEPS focuses on children with disabilities. The Head Start/preschool teacher tests the child on entry-level skills, sets up visitations with the preschool or kindergarten teacher, invites the next year's teacher to visit the child's current classroom, and holds joint staff

meetings with public school and Head Start teachers. Murray Head Start encourages parents to participate in this program.

Goal One: Goal One is a pilot program in two school districts in Fulton County that tracks all children in that county to ensure that they receive their immunizations.

Parents As Leaders (PALS)[82]***:*** To encourage incoming Head Start parents to be involved in their children's education and in their own development, PALS trains and pays experienced Head Start parents to work with newer parents, modeling appropriate parenting skills. Originally a project funded by the U.S. Department of Health and Human Services to examine parents' sense of self-efficacy, PALS continues as a way to stimulate Murray Head Start parent involvement.

Funding

Murray Head Start and the schools have discovered that it is cost-effective for the schools to provide facilities and the transportation, while Head Start provides the preschool and social services for both Head Start and KERA families. Through this collaboration, the money saved by one program is used to expand other services. For example, the money Head Start saves on rent allows them to provide social services to families of children funded by KERA. Thus, while the difference in funding per Head Start child and per KERA child is substantial -- $3,130 compared to $2,285 -- both funds do essentially serve the same children. Separate audit trails are, however, required by both Head Start and KERA regulations.

Fundraisers also supplement resources. For example, KERA and the Murray Board of Education recently combined efforts to raise nearly $20,000 to improve a local playground. Parents contributed by holding raffles and a fashion show, and by selling candy.[83]

MURRAY HEAD START FUNDING SOURCES, 1993-94	
SOURCE	**AMOUNT**
U.S. Department of Health and Human Services (Head Start)	$1,799,635
State education funds (Kentucky Education Reform Act of 1990)	351,093
Donated space, volunteer hours, and other in-kind contributions	546,972
TOTAL	$2,697,700

Monitoring and Evaluation

Evaluation information comes from center assessments as well as input from staff, teachers, teacher assistants, and program participants. For example:

- All centers are accredited by, or seeking accreditation from, the National Academy of Early Childhood Programs or the National Association for the Education of Young Children. Centers which have not yet received accreditation are monitored by the Head Start Self-Assessment Validation Instrument. Accredited programs are monitored by the relevant organizations.
- Murray Head Start staff are regularly asked to evaluate the program and to tell what would make their job easier.
- Teachers and teacher assistants are evaluated by Head Start supervisors and the principals in each school building.
- Family Service Workers, because they are paid by Head Start, are evaluated primarily by Head Start.
- Parents complete an annual questionnaire.

Since the Policy Council has representatives from many agencies, it is also able to conduct informal evaluations of collaborative arrangements.

Future Challenges and Implementation Issues

Murray Head Start faces four daunting challenges -- serving all income-eligible three-year-old children, providing full-day/full-year services, ensuring consistently high quality services across sites, and acquiring adequate funding and space to accomplish these goals.

Although KERA has enabled Murray to serve all income-eligible four-year-olds, there are still many three-year-old children on waiting lists for the Murray Head Start/KERA preschool programs. One of the biggest reasons that Murray Head Start is not able to offer full-day care[84] is that space in the elementary schools where the programs are housed is limited. In order to serve the present number of children, the program runs two half-day sessions.

Achieving high quality across all twenty-five sites is also a goal. Judy Whitten, Director of Murray Head Start, recognizes that better programs are led by those who have a strong knowledge base (particularly in social work and early childhood education) and who are visionary, dissatisfied with the status quo, willing to self-evaluate, and willing to change. Rather than being daunted by change and growth, Murray Head Start has shown a willingness to collaborate and work in new ways in order to improve their services for families.

Reflections

Judy Whitten, Director, Murray Head Start

"So often, disadvantaged children are given second-best. We have a commitment to provide the very best, not second-best. That's what this is all about. You cannot create change in families' lives until you provide them the very best. That's what we aim for."

Debi Jones, Head Start Parent

"I've been with the program in one capacity or another for eleven years. I've watched my kids learn about people in a way that they wouldn't have if they just sat at home. It has given me confidence that I didn't have back then -- when I was twenty! I used to be just so shy

-- I credit Murray Head Start for putting me where I am today. My husband left me four years ago, and that really set me back, but now I'm in the JOBS program and putting in applications. I'm active in Head Start -- I'm getting ready to help interview potential teachers next week.

"With rapid expansion, however, Head Start has gotten less one-on-one. Space for family services staff is not always where children are; therefore, the Family Service Worker may not see the parents as often as when I first started. Society has changed also, so that often both parents have to work. Parents do not come to the center as often."

W. A. Franklin, Superintendent, Murray Schools

"I have seen the program grow from 1965, when we had twenty-three children. What I've seen happen is that it has tremendous support and collaboration. There's a lot of pride in it. People take pride in it in all the communities that we support.

"From the superintendent's chair, I know that the program has great leadership, so I don't have to worry about that. The program just continues to improve. But the biggest challenge is to convince people in Washington that Head Start continues to be an excellent program. That is our biggest challenge. If you had called me two years ago, I would have told you our biggest challenge was blending KERA and Head Start, but we've done that very nicely. But, the federal government may think that if states can do some of this, they can just back away and leave it all to us. Yet, there's no way states can take on a project the size of Head Start. We need to convince Washington that even with the addition of state funds, we still need more Head Start funds to serve needy families."

For further information, contact:

Judy Whitten, Director
Murray Head Start
9th & Poplar
Murray, KY 42071
(502) 753-6031

SANTA CLARA COUNTY OFFICE OF EDUCATION HEAD START

Location:	Santa Clara and San Benito Counties, California
Year Program Began:	1970
Number of Sites:	52
Number of Children Served:	1,750
Total Annual Budget:	$13.9 million
Primary Funding Sources:	U.S. Department of Health and Human Services, state sources, and Head Start National Demonstration Projects
Key features:	• Serves a large immigrant population • Has five national Head Start demonstration projects • Strong collaboration with local schools • Innovative use of technology • Staff are cross-trained in all program areas to learn about the overall program, and receive legal training to help immigrant parents know their rights

Program Overview[85]

Santa Clara County Office of Education Head Start serves a large immigrant population in Santa Clara and San Benito Counties. The program reaches 1,750 children and boasts five national Head Start demonstration projects: a Family Service Center, a Transition Project, a Head Start Teaching Center, an Immunization Project, and a Family Childcare Network. The program aims to help families attain self-sufficiency, and it seeks a continuity of services with the public schools and with the Department of Public Health. It has increased its sites in public schools -- from seven sites five years ago to twenty-eight today -- and has embarked on an immunization project with public health officials. Although most sites run on four half-day schedules during the regular school year, some are full-day, full-year operations. Twenty-eight of the fifty-two sites are in public schools; others are in churches, community centers, public housing, and licensed daycare homes.

Community and Participant Characteristics

The overall lack of jobs, affordable housing, transportation, access to health care, and affordable childcare in Santa Clara and San Benito Counties leave many families unable to provide for themselves without assistance. The three largest industries in the area -- manufacturing, retail, and service -- have not been able to add jobs fast enough to keep up with the rapid immigration. Between 1980 and 1990, Santa Clara County's population grew by 15 percent, and San Benito's by nearly 47 percent. Not surprisingly, the number of people in the two counties who receive AFDC continues to rise. Yet, in 1993, the maximum AFDC *payments* decreased by 10-11 percent. Because the median gross rent is often higher than the maximum AFDC payment, the waiting list for subsidized housing in Santa Clara County is several years long, prompting many families to live together in crowded substandard housing or to lose their housing altogether.

Over two-thirds of the 1,750 children served by Santa Clara Head Start in 1992-1993 came from the San Jose region in Santa Clara County. Most were Latino and less than half spoke English as their primary language. Forty-six percent of the children enrolled lived with

one parent, while 51 percent lived with two parents. Most families were unemployed; only about one-fourth of parents worked full-time.

Key Events

1970 The Santa Clara County Office of Education takes over Head Start.

1982 San Benito County is added to Santa Clara's service area.

1990 HHS funds a Family Services Center.

1991 HHS funds a Transition Project.

1992 HHS funds a Head Start Teaching Center, an Immunization Project, and a Family Childcare Network.

1993
- Thirteen new sites reduce the number of children at each site and enable Santa Clara to serve additional Head Start children.
- California Children Now gives the Family Living Center a Children's Honor Roll award.
- The Women's Fund recognizes Head Start/State Preschool Director Yolanda Garcia for her outstanding work in public service.

1994 The program receives a Technology award from the National Head Start Association for its overall technology plan. The program uses computers in classrooms, networks its sites for administrative purposes, and uses computers in its parent literacy component.

Program Governance

The Head Start program is overseen by the Children's Services Department, which is within the Student Services Division of the Santa Clara County Office of Education. The two counties served by Santa Clara County Office of Education Head Start -- Santa Clara and

San Benito -- are divided into nine regions for the purposes of assessing community needs.

Five Instructional Services Coordinators oversee the sites; one is also responsible for overseeing childcare homes, a latchkey program, and a block grant. A program manager directs state-funded childcare, state-funded preschool, three Head Start classrooms, and Title IV-A. Coordinators supervise teachers, provide staff development offerings, and take on special responsibilities. They all report to the director of the Children's Services Department.

Staff

Santa Clara County Office of Education Head Start requires staff to be well-qualified and be accredited or credentialed for their positions. Teachers must have an instructional permit issued by the Commission for Teacher Preparation and Licensing of the State Department of Education. Community Workers and Health Community Workers must have experience in their field and an AA degree, or the equivalent. Social Service Specialists and Health Specialists must have a BA in social sciences, and Family Service Supervisors must have an MSW. Because Head Start encourages parents to learn about early childhood education by becoming involved in the program, 40 percent of the staff at the Santa Clara County Office of Education Head Start program are former Head Start parents.

Santa Clara uses experienced Head Start teachers -- called "Area Teachers" -- to mentor newer teachers. Area Teachers organize staff development activities, run parenting classes, and help set up classrooms. Staff development courses and mini-conferences held at local colleges and universities and paid for by the Head Start program compliment the working environment for the staff. Due to its staff development opportunities, a full benefits package, and salaries commensurate with other early childhood education teachers in the Bay Area, the program has a low teacher turnover rate.

Given the large immigrant population, all staff are trained in legal matters in order to help immigrant parents understand their rights. Teachers also receive training in first and second language development through Santa Clara County Office of Education's Bilingual Institute. "Inter-component" training -- where Family Service Workers learn about the educational side of Head Start, and teachers

learn what Family Service Workers do -- allows all staff members to understand their roles and their importance in the overall program.

Staff at Santa Clara County Office of Education Head Start (Across 52 Sites)	
Position	**Total**
Teachers	52
Community Workers	12
Social Service Specialists	5
Health Community Workers	8
Health Specialists	4
Disabilities Specialists	4
Family Service Supervisors	3
Numerous administrative, clerical, and custodial staff	

Services for Children

Santa Clara provides Head Start children with four half-day sessions of preschool throughout the school year. The High/Scope curriculum is used. The program also oversees some full-day care at the Family Living Center (a transitional housing unit), an employment training site, and at one school offering afternoon care by home daycare providers. Santa Clara also administers some wrap-around care, family childcare,[86] and school-age childcare.[87] By changing the school calendar to allow children to participate in their cultural holidays, Santa Clara acknowledges the cultural diversity of its students. The training teachers receive in first and second language development from Santa Clara County Office of Education's Bilingual Institute further illustrates the value the program places on the children's ethnic heritages.

Santa Clara's Head Start Transition Project ensures continuity of teaching methodology for children as they move from Head Start to

elementary school. The program trains elementary school teachers in the High/Scope curriculum and tracks Head Start children through second grade. As a result, many public school teachers have changed the way they work with children and parents.

Children also receive immunizations, dental and physical examinations, vision, speech, and hearing assessments; instruction in health and personal safety; home visits; counseling; and a stress reduction program. Health specialists, community workers, public health nurses and a medical van that visits communities served by the program administer health care. The program attempts to establish a "medical home" for the families by encouraging families to stay with the same physician.

Services for Parents

Parents at Santa Clara County Office of Education Head Start can receive:

- English as a Second Language, literacy, and math classes
- courses at community colleges
- employment training
- transportation assistance
- referrals to social service agencies
- immigration information
- workshops on issues such as child development, gang prevention, community organizing, and computer training
- assistance obtaining clothing, food, and housing
- help for their disabled children
- access to mental, physical, and dental health services

Three employment training agencies and seven community colleges provide occupational and educational opportunities for parents. Local organizations also work with parents around issues such as disability, mental health, child abuse prevention, and parenting. The Literacy Alliance, a regional program to improve adult literacy, trains tutors and assigns them to Head Start parents. Legal aid societies regularly help parents with immigration issues. In addition, parents take part in the Parent Policy Council, volunteer in the classroom, participate in GAIN (California's federal JOBS program), and work with local

agencies to improve their communities. For example, parents applied for and won a grant from a community foundation to build a walkway from their apartment building to the school. Parents often work with larger community groups around shared concerns, such as affordable housing and gang violence prevention.

Collaboration

In order to deliver a wide variety of services to families, Santa Clara collaborates with over fifty different organizations and agencies. Its partnership with schools, however, is particularly noteworthy. School districts work closely with the Santa Clara County Office of Education Head Start program to provide better health care to children; they participate in Santa Clara's Transition Project, in Santa Clara's Even Start program, and in their Family Service Center. They also work on an immunization project with the Head Start program and the Department of Public Health.

Funding

The program's total budget for 1993-94 was $13,922,577. Sixty-seven percent of the funds came from Head Start, and 25 percent from state sources (including state preschool, a federal block grant, general childcare, Title IV-A, school age childcare, and money from the California Lottery). Head Start National Demonstration Projects provided the remaining 8 percent for Early Childhood Education, Family Childcare, and the Teaching Center.

The program also receives one-time grants from local businesses and foundations, and includes in-kind hours from collaborating agencies in its budget. For instance, it has received sites from public housing and portable classrooms and facilities renovations from local building contractors. Economic and Social Opportunities helps families on AFDC to find jobs, and subcontracts with the Children's Services Department to provide school age childcare, supported by state latchkey funds.

SANTA CLARA COUNTY OFFICE OF EDUCATION HEAD START -- FUNDING SOURCES	
SOURCE	**AMOUNT**
U.S. Department of Health and Human Services (Head Start)	$ 9,310,447
Head Start National Demonstration Projects	1,083,001
State Sources	3,529,129
TOTAL	**$ 13,922,577**

Monitoring and Evaluation

Each year, the program administers the Head Start On-Site Program Review Instrument, a community needs assessment, and a Parent Opinion Survey. The community needs assessment includes:

- opinions of Head Start parents
- data from family needs assessments, children's applications, program information reports, health records, and county birth records
- pertinent information from the United Way, the Department of Health and Human Services, and the Health Department.

The annual Parent Opinion Survey is a particularly important part of the evaluation process, for it gives the program insight into how well it meets families' needs. Of the parents who responded to the 1993 survey, 95 percent said that they were receiving all the services they needed. The survey also asked parents to rate community needs in order of greatest to least concern: The highest concerns were protecting children from physical and sexual abuse, followed by health and dental care, employment training, and finally "obtaining citizenship" and "voter registration." The director explains these results as reflective of the families' most basic needs:[88] That is, citizenship status is not as important when one lacks a safe place to

raise children.

The Parent Policy Council annually reviews its goals, creates a list of problem statements, sets priorities, and lists resources to deal with the problems. The Council then recommends priority service areas to the Board of Education for approval. The Council, the Director, and Coordinators of Head Start evaluate the progress on these strategic plans.

Future Challenges and Implementation Issues

With a centralized administration and an anticipated continued expansion of the program, Santa Clara must work to maintain high quality at each site while providing more full-day services; expanding its school-age program; and serving younger children, more children with special needs, and all children for two years. Indeed, a central challenge facing the program is that demand is greater than available space and resources. For this reason, the program is only able to serve children for one year. In 1992, there were 6,094 applicants but only 1,750 openings. Similarly, the need for full-day care in Santa Clara and San Benito counties far exceeds the ability of the program to provide it. For example, presently only 157 children in the Santa Clara County Office of Education Head Start program receive full-day care.

Though the program does pay its teachers relatively well, rapid expansion has made it difficult to hire new ones. Turnover in non-teaching jobs is high -- a problem that the program hopes to rectify. Santa Clara also hopes that by increasing school collaboration, it will be able to share staff development activities with the schools, help schools implement the High/Scope curriculum in the elementary grades, and encourage schools to become community centers that offer comprehensive services to families -- such as full-day care, family activities, and parenting classes.

The daunting challenge of meeting the needs of immigrants is also a constant concern: The program must keep abreast of how immigration reform might affect its participants. Immigrants from Vietnam and Cambodia, for example, arrived under one policy, while those from Mexico and Central America arrived under another. Santa Clara provides immigration counseling to those parents who request it.

Closely related to the issue of immigration is the need to provide more services that are culturally appropriate. The staff has had to become knowledgeable about numerous cultures in order to keep the curriculum consistent or compatible with the children's home environments.

Finally, while parents are encouraged to think about long-term goals such as employment and citizenship, many are too preoccupied with more immediate concerns. The program thus recognizes that it must focus on parents' expressed needs first -- expanded hours of care, care for younger siblings, more cultural sensitivity among staff and programs -- and then encourage the citizenship and education goals usually sought by public policy.

Reflections

Yolanda Garcia, Director of Santa Clara County Office of Education Head Start

"The fact that our Head Start program resides within the Children's Services Department of the Santa Clara County Office of Education gives staff unique opportunities to creatively use our resources to develop service options based on their knowledge of family needs. They have access to a media center, a technology center, a professional library and the educational development center. The Santa Clara County Office of Education represents a very large institution and because of that we are able to leverage our position and resources with other agencies within the county to ensure involvement of many sectors in policy and service delivery.

"Still, there is always a strain on human resources. We are constantly trying to prioritize our services and designate targeted areas for services. Head Start is respected in our community because we are flexible and base our efforts on families' needs."

Don Bolce, Coordinator for the Santa Clara County Office of Education Head Start Transition Project

"Santa Clara has a tradition of taking lessons that we learn in one program and applying them to others. This Transition Project builds upon an earlier transition initiative and incorporates ideas from our Head Start Family Service Center, which served a similar population.

In this particular project, the special needs of our primarily immigrant population influences nearly all activities and program decisions. We've hired culturally and linguistically appropriate staff and learned to use different approaches with different groups of parents. We've brought in services and funding to the schools that previously were not there. We've helped school personnel better work with parents, and we've helped parents understand that, in general, the teachers really did want them to be there. Throughout all our work, however, is the awareness that this demonstration project will not last forever. We have to work on establishing the environment and services that can be sustained at the schools after the project is gone."

Barbara Williams, Health Services Specialist with Santa Clara County Office of Education Head Start

"I came into the program in 1984. I was standing on the street, and I copied the program number off the side of the Head Start bus. My son had an excellent teacher. He received speech services, and it was then that we learned he had a learning disability. I also found out about agencies in the community. Being involved in Head Start opened up a whole new life. I came a long way and it all started when I put my son in the program.

"I would like to see our program step up recruitment of children who live in the worst areas. They need respite from those situations, and we need to teach them to take care of themselves. It's sad, but it's true that we need to empower kids who are in bad situations and environments, to know it's not their fault and there is help and hope for them. We also need to help grandparents who are parenting their grandchildren full-time. We need to empower and organize our grandmothers! I would like to pursue this project.

"I wish more parents would take advantage of Head Start -- I was able to get out of that rat race of welfare. Head Start helped me realize that I could get off. I tell parents, 'Yes, you can do it. Get back in school -- take care of yourself.' Sometimes we get so wrapped up in our kids that we forget to do things for ourselves."

For further information, contact:

Yolanda Garcia, Director
Head Start/State Preschool
Children's Services Department
Santa Clara County Office of Education
100 Skyport Drive
San Jose, CA 95110-1374
(408) 453-6947

HACAP'S INN-CIRCLE

Location:	Cedar Rapids, Iowa
Year Program Began:	1991
Number of Sites:	1
Number of Children Served:	32 three- and four-year-olds, 12 infants, and six toddlers
Total Annual Budget:	$745,000
Primary Funding Sources:	U.S. Department of Housing and Urban Development's Supplemental Assistance for Facilities to Assist the Homeless (HUD-SAFAH), and the Department of Health and Human Services (HHS)
Key Features:	• Interagency and community collaboration to serve homeless families • Community Interdependency Model

Program Overview[89]

The Hawkeye Area Community Action Program (HACAP) uses six models of Head Start to serve 450 children in six counties of East Central Iowa. Inn-Circle is one model that provides full-day, year-round Head Start for thirty-two children whose parents need housing, education, employment, substance abuse treatment, and/or protective child care. Parent and child services are colocated, or collaboratively provided through partnerships with other agencies. Parents spend twenty hours per week working, pursuing education, or participating

in substance abuse or mental health treatment. Iowa At-Risk funds support the morning preschool and counseling services.

Whereas most human service agencies define what they do in terms of "service" provided to the "client," HACAP defines the provider and participant relationship as interdependent. Its ultimate role is to successfully disengage families from public assistance and to connect them to community-based supports. Inn-Circle's Community Interdependency Model implicitly recognizes what experts on homelessness have repeatedly emphasized -- homelessness is a rupture in community, as well as a loss of residence.[90] The Community Interdependency Model:

- *helps families develop relationships in the community,*
- *disengages them from institutions as their community support network grows,*
- *replaces human service agency support with community involvement,*
- *focuses on functional goals rather than on weaknesses,*
- *sees families as interdependent citizens rather than as human service "recipients,"*
- *encourages broad-based community associations,*
- *promotes inclusive attitudes in the community so that low-income families can become regular members in local organizations, and*
- *strengthens the non-institutional sector of the community by developing associations organized and governed by community members to meet community needs.*[91]

Inn-Circle stands out for its ability to use this philosophy of interdependence as a successful tool for delivering services and empowering families.

Community and Participant Characteristics

Although Cedar Rapids has a strong business community and several colleges and universities, gaps in education, training, well-paying jobs, and affordable housing have left many families without means to take advantage of the opportunities in their community. Thirty-three percent of school children in Cedar Rapids are on free and reduced lunch, and Cedar Rapids is only able to help 32 percent of those in need of rental assistance. Lack of affordable housing is one of the major reasons for the establishment of Inn-Circle.

As a project funded by HUD, Inn-Circle has the capacity to house forty-four homeless single parents and their children under age eighteen. Currently, forty-two mothers and seventy-eight children live at Inn-Circle. HUD limits the length of time that a family can live in the facility to twenty-four months, requires residents to pay thirty percent of their income for their housing, and to be in an education or training program or be employed at least twenty hours per week. One-third of Inn-Circle residents work and the remaining two-thirds participate in job training or education programs. All participants are expected to display a willingness and ability to live independently with supportive services, work toward long-term goals, and -- if needed -- participate in a substance abuse or mental health treatment program.[92]

Key Events

April 1987	A citizens' advisory group forms to discuss the problem of homelessness in Cedar Rapids.
Summer 1987	The Department of Housing and Urban Development (HUD) announces it will sponsor homeless demonstration grants.
Fall 1990	A 108-unit motel on the southern edge of Cedar Rapids becomes available for the HUD grant.
December 1990	Berry Development Company works with HACAP to develop a non-profit company, BDC Charity Corporation, to purchase the facility, which HACAP will own through a lease/purchase program.

January 1991	Refurbishing of the site begins. Renovation for *each unit* requires a donation of $2,000 from local businesses and community groups; 1,000 hours of volunteer work completes the work on the entire facility.
February 1991	The first residents move into Inn-Circle.
December 1992	Community Interdependency Model is developed to encourage Inn-Circle residents to see themselves as community members.
October 1993	• A National Head Start Homeless Demonstration Project grant of $200,000 enables Inn-Circle to open another Head Start classroom, to fund additional classroom staff and a parent-child educator, and to work further with the homeless population. • Thirty-two children are served in two classes at Inn-Circle; Inn-Circle also runs one infant class and one toddler class.

Program Governance

Inn-Circle is administered by the Transitional Housing unit of HACAP, and managed by a director. The Inn-Circle Project Council, comprised of residents and staff, sets policy within the framework of HUD guidelines. A resident council decides on day-to-day issues such as maintenance and security. Its Head Start program is administered and operated by a director and staff; but policy is established by a Parent Policy Council, equally represented by staff and Head Start parents.

Staff

The Inn-Circle staff of twenty includes specialists in housing, child care, employment, and education; coordinators in community outreach and education; two Head Start lead teachers, four teacher associates, one toddler worker, one infant worker, two child care workers, a facility manager, a cook, and a maintenance person. The Well Child Clinic is staffed by two nurses from the Visiting Nurses Association and one volunteer. There are three Head Start family development

counselors for the forty-four families who live at Inn-Circle and for twenty-four families with children enrolled at Inn-Circle's Head Start program. HACAP provides extensive in-service and staff development activities, as do the state Community Action Association, Head Start, and various other area early childhood organizations. Inn-Circle staff are encouraged and often required to participate in training development activities.

Services for Children

Inn-Circle provides Head Start classes, wrap-around daycare, infant and toddler care, tutoring, and activities to help children move from the Inn-Circle environment to the public schools.[93] Home visits focus both on their educational needs and the family's needs as a whole. St. Luke Hospital's on-site Well Child Clinic, staffed by the Visiting Nurses Association, provides health care screenings, immunizations, and referrals to doctors. The clinic is also open to the community to reciprocate the help in terms of volunteer contributions that Inn-Circle has received. The Homeless Children's Trust, another HACAP organization, provides emergency medical support to children.

Services for Parents

Parents have access to substance abuse treatment, mental health counseling, job training, GED courses, tutoring services, literacy training, and adult education opportunities. They also have counselors who work closely with their children's Head Start teachers and with members of the interagency case management team. As with all Head Start programs, parents participate in planning activities and help decide on curriculum, budget, policy, and staff choices for Head Start classrooms. Parents may also initiate their own support groups or volunteer in afterschool programs.

One of the objectives of the Community Interdependency Model is to blur the line between staff and participant duties. For example, parents watch each other's children, work in the Inn-Circle office, clean and paint apartments, or volunteer in the daycare center. Such tasks -- which are also done by staff -- are expected as part of parents' community contribution.

The Community Interdependency Model encourages parents to manage projects and to pursue goals, rather than to rely on staff for

directives. For example, when a private citizen recently gave money to the program so that the children could buy gifts for their parents and for each other, various parent committees worked together to decide how the children should receive the money. The Resident Council decided the children should have to do community service, the Facilities Committee oversaw the projects the kids worked on, the Budget Committee oversaw the money disbursement, the Parent and Child Committee kept track of the points the kids earned, and the Newsletter Committee was responsible for publicizing the project.

Funding

INN-CIRCLE FUNDING SOURCES, 93-94	
SOURCE	**AMOUNT**
U.S. Department of Housing and Urban Development -- SAFAH Grant	$220,000
U.S. Dept. of Health and Human Services	167,000
Stewart B. McKinney Homeless Assistance Grant (through the College Community School District)	20,000
Iowa Department of Education (At-Risk Program)	53,000
Iowa Department of Education (Wraparound Care)	40,000
Iowa Childcare Block Grant	35,000
Iowa State Emergency Shelter Grant	15,000
United Way of Eastern Iowa	50,000
Community Services Block Grant	50,000
Emergency Housing Grant Program	20,000
Residents of Inn-Circle (30% of their incomes)	60,000
Business, industry, and individual contributions	15,000
TOTAL	**$745,000**

The total annual operations budget for Inn-Circle is approximately $745,000 per year. Inn-Circle is funded primarily through the U.S. Department of Housing and Urban Development's Supplemental Assistance for Facilities to Assist the Homeless (HUD-SAFAH), but receives grants or in-kind support from a variety of other sources (see table on preceding page).

The program also receives in-kind contributions from the WIC program, Kirkwood Community College, and the Visiting Nurses Association.

Monitoring and Evaluation

Inn-Circle is required to submit an annual report to HUD, its major funder. With a self-esteem inventory administered to residents yearly, Inn-Circle assesses how well it meets the needs of its residents, and has hired a consultant to develop a Community Interdependency Survey that will become part of the regular evaluation process. HACAP also completes a yearly plan with goals and objectives, and is involved in a new collaborative effort to evaluate the effectiveness of interagency case management services to homeless families. All evaluation data for HACAP, Inn-Circle, and Head Start are used to ensure that programs meet federal requirements as well as to make decisions about how to improve the programs.

Inn-Circle:

- is monitored by HUD
- uses a self-esteem inventory to assess residents' needs
- is designing a survey to evaluate the impact of its Community Interdependency Model

HACAP:

- completes a yearly plan of goals and objectives
- evaluates interagency case management to homeless families

Head Start:

- is monitored at the federal level, and
- is evaluated by the Iowa State Department of Education on parent involvement practices

Future Challenges and Implementation Issues

The main challenge facing Inn-Circle is stable and continuous funding. Although Inn-Circle is the result of a five-year HUD-SAFAH grant, the facility itself is financed through the Berry Development Corporation, which provides HACAP with an eight-year lease option. The three-year span between when the SAFAH funds run out and when HACAP will be able to own the facility will be filled with tough financial and programmatic choices. When the SAFAH grant expires, Inn-Circle will have the option of being incorporated into HUD's normal supported housing stream at reduced funding. Because HUD requirements now dictate that Inn-Circle can only serve families who are currently homeless, Inn-Circle aims to be independent of federal support so that it can create preventive programs for "almost homeless" families and not simply serve those who have already hit "rock bottom".

Inn-Circle must also carefully balance its services to children and to parents, and evaluate itself both on child outcomes in Head Start, and on parent outcomes through Inn-Circle and the JOBS program. As with any program trying to meet the complex needs of families, it runs the risk of focusing too exclusively on one set of needs and not enough on the needs of the family *as a whole*. With the Community-Interdependency Model, however, Inn-Circle is better positioned than many programs to do just this.

Reflections

Chris Carman, Director, HACAP-Head Start

"What we're really trying to achieve is a change in the family situation, not just a change in the child. I think we really see that the future and the fortune of the child is tied to the family and that we have to work with the child within the context of the family....An important direction for us has been not only seeing the child within the context of the family, but also the family within the context of the community. We are also recognizing that a safety net isn't a place that people want to live. It's not a place that allows for much growth. We see our mission as re-engaging families into these basic community structures that I think they've been excluded from in many cases. We've [also] started to recognize that none of us is truly self-

sufficient, that we are part of an interdependent community. In order for a family to appear to be self-sufficient, it needs to have those interdependent connections -- with the PTA, the Scouts, the neighborhood association. If we're going to move families from dependency, we need to really look at what things are in the community that would make them ongoing members of that community and not just human service recipients."

Wayne Woods, Director, Inn-Circle

"You only have to look at the statistics [to know] right away what the major problem, major causes of homelessness are, and Cedar Rapids is no exception. The fact of the matter is, that we're not building and we're not maintaining the affordable housing. When I look at the residents that we have here in Inn-Circle -- some of them are here because this is part of the system -- 75 percent have completed high school; and 50 percent of that 75 percent have education beyond high school, at least a year or two of college and some kind of training. They're here because of circumstances. They're not here because they don't want a home or don't want to work, and I think that says something to our country. It's hard to imagine when somebody's living in a tent in a park that they're going to make it. But they can make it. The objective of our program is to give them the tools to make it back into the mainstream a lot faster. We help them become interdependent. Our main thing is to try, as quickly as possible, to stabilize the kids and get the families into a situation where parents and kids are successful. Becoming part of the Inn-Circle community is the first step for involvement in the greater community."

Justine Cole, Inn-Circle Parent

"I feel my daughter's feelings toward school has changed tremendously. She now talks to me about the things she is doing at school, and when she gets a good grade on a paper she feels very proud of herself.

"As for myself, having a liaison between the school and myself has been beneficial in a lot of ways. One is that I have a lot more communication between Ebony's teacher and myself. Another was my daughter was having problems with the bus driver on her route calling her racial slurs and [the liaison] went with me to talk to the head of

transportation. If I would have went on my own, I am sure I would not have handled it very appropriately. [She] has also helped me with ideas on parent/child activities here at Inn-Circle.

"The one barrier I see is that it [Inn-Circle] is [run] on a yearly basis through a grant from the McKinney Homeless Assistance Act. If the money was not to come through, there would be no way to fund this program which I feel benefits the parents and children here at Inn-Circle."[94]

For further information, contact:

Wayne Woods, Director
Inn-Circle/Hawkeye Area Community Action Program (HACAP)
P.O. Box 789
Cedar Rapids, IA 52406
(319) 366-7631

ENDNOTES

1. U.S. Bureau of the Census. (1966). *Statistical abstract of the United States: 1966*. (87th edition). Washington, DC: Author, p. 341 (table 481).

2. U.S. Bureau of the Census. (1992). *Statistical abstract of the United States: 1992*. (112th edition). Washington, DC: Author, p. 55 (table 70).

3. U.S. Bureau of the Census. (1992). *Households, families, and children: A thirty-year perspective*. Washington, DC: U.S. Government Printing Office, 1992, 27.

4. Ibid, 28, 53.

5. Peterson, P. (1992). An immodest proposal. *Daedalus*, 122, 152.

6. U.S. Bureau of the Census. (1992). *Households, families, and children: A thirty-year perspective*. Washington, DC: U.S. Government Printing Office, 32.

7. U.S. Bureau of the Census. (1992). *Statistical abstract of the United States: 1992*. (112th edition). Washington, DC: Author, 457.

8. Zill, N. and Nord, C.W. (1994). *Running in place: How American families are faring in a changing economy and an individualistic society*. Washington, DC: Child Trends, Inc., 21.

9. Peterson, P. (1992). An immodest proposal. *Daedalus*, 121, 160.

10. Luria, D. (1993). But where are the jobs? A friendly critique of Clintonomics, *The American Prospect 14* (Summer), 84.

11. Lynn, L.E. (1993). Ending welfare reform as we know it. *The American Prospect 15* (Fall), 83.

12. Howell, D.R. (1994). The skills myth. *The American Prospect 18* (Summer), 87.

13. Ibid, 84. Italics mine.

14. Ibid, 88.

15. Lynn, L.E. (1993). Ending welfare reform as we know it. *The American Prospect 15* (Fall), 85.

16. Buckner, J.C., Bassuk, E.L. and Zima, B.T. (1993). Mental health issues affecting homeless women: Implications for intervention. *American Journal of Orthopsychiatry 62(3)*, 385.

17. 1993, December 22. A growing percentage of the homeless are families, a report says. The *New York Times*, A18. This article discusses the 26-city survey done by the United States Conference of Mayors, *A Status Report on Hunger and Homelessness in American Cities: 1993* (Washington, DC: US Conference of Mayors).

18. Leavitt, J. (1992). Homelessness and the housing crisis. In Robertson, M., and Greenblat, M. (eds.). *Homelessness: A national perspective*. New York: Plenum Press, 28.

19. Baum and Burnes estimate that 10 percent of the homeless abuse substances, 40 percent abuse alcohol, one-third are mentally ill and 40 percent have other physical disorders. See Baum, A.S. and Burnes, D.W. (1993). *A nation in denial: The truth about homelessness*. Boulder: Westview Press, 28.

20. Institute for Health Policy, Brandeis University. (1993, October). *Substance abuse: The nation's number one health problem. Key indicators for policy*. Princeton, NJ: The Robert Wood Johnson Foundation, 11.

21. Ibid, 19.

22. Ibid, 22.

23. Ibid, 31.

24. Ibid, 26.

25. Ibid, 31.

26. Ibid, 45.

27. U.S. Immigration and Naturalization Service. (1992, September). *Statistical yearbooks of the immigration and naturalization service, 1991*. Washington, DC: U.S. Government Printing Office, 16.

28. Valdivieso, R. and Davis, C. (1988, December). U.S. Hispanics: Challenging issues for the 1990s. *Population Trends and Public Policy 17*, 1.

29. Government Accounting Office. (1994, April). *Infants and toddlers: Dramatic increases in numbers living in poverty*. Washington, DC: Author, 16.

30. These statistics come from the National Health Interview Survey, discussed by Zill and Nord in *Running in place: How American families are faring in a changing economy and an individualistic society* (Washington, DC: Child Trends, Inc., 1994), 16.

31. Ibid.

32. Forty percent of American Hispanic youth drop out of school. See Nicolau, S. and Ramos, C.L., *Together is better: Building strong relationships between schools and Hispanic parents* (New York: Hispanic Policy Development Project, Inc., 1990), 9.

33. National Head Start Association. (1990). *Head Start: The nation's pride, a nation's challenge. Recommendations for Head Start in the 1990s. The report of the Silver Ribbon Panel.* Alexandria, VA: Author, iv.

34. Ibid, v.

35. U.S. Dept. of Health and Human Services. (1993). *Creating a 21st century Head Start: Final report of the Advisory Committee on Head Start quality and expansion.* Washington, DC: Author, 44-45.

36. Ibid, 10-12.

37. Collins, R.C. (1993). Head Start: Steps toward a two-generation program strategy, *Young Children* (January), 29.

38. Government Accounting Office. (1994, April). *Infants and toddlers: Dramatic increases in numbers living in poverty.* Washington, DC: Author, 16-19.

39. U.S. Dept. of Health and Human Services, 31.

40. National Head Start Association, 22-23, 39.

41. Lombardi, J. (1990). Head Start: The nation's pride, a nation's challenge: Recommendations for Head Start in the 1990s, *Young Children 4* (7), 26.

42. See for example, Benard, B., Working together: Principals of effective collaboration, *Prevention Forum 10*(1); Kagan, S.L., *United We Stand: Collaboration for Child Care and Early Childhood Services* (New York: Teachers College Press, 1991); NASBE, *Caring Communities: Supporting Young Children* (Alexandria, VA: Author, 1991); Charles Bruner, *Thinking collaboratively: Ten questions and answers to help policymakers improve children's services* (Washington, DC: Education and Human Service Consortium, 1991); Hedy Nai-Lin Change, Diversity: The essential

link in collaborative services, *California Perspectives -- An Anthology from California Tomorrow* (Fall 1992); Grace Pung Guthrie and Larry F. Guthrie, Streamlining interagency collaboration for youth at risk, *Educational Leadership* (September 1991); and Harvard Family Research Project, *Building villages to raise our children, Collaboration* (Cambridge, MA: Author, 1993).

43. Turner, J., Barbara, G., and M. Schlank. (1990). Head Start and JOBS: Collaborative efforts help families become self-sufficient. *Children Today* (May-June), 12-13.

44. Kunesh, L.G. and Farley, J. (ND). Collaboration: The prerequisite for school readiness and success. *ERIC Digest*, EDO-PS-93-8.

45. U.S. Dept. of Health and Human Services, 48.

46. National Head Start Association, 32; U.S. Dept. of Health and Human Services, 61-62.

47. U.S. Dept. of Health and Human Services, viii.

48. Kunesh and Farley.

49. National Head Start Association, 43-44; and U.S. Dept. of Health and Human Services, 53-58.

50. National Head Start Association, 16-18.

51. U.S. Dept. of Health and Human Services, 10.

52. U.S. Dept. of Health and Human Services, 24-27.

53. Cohen, E. and Ooms, T. (1994). *Looking ahead: The promise of Head Start as a comprehensive family support program*. Washington, DC: The American Association for Marriage and Family Therapy Research and Education Foundation, 4.

54. Cohen and Ooms, 3-4.

55. The percentage of income spent on food when the poverty line was created in 1963 was one-third; today it is closer to one-fifth. This means that had the poverty line been adjusted annually for inflation, it would today be calculated at five times the cost of an adequate diet, instead of at three times the cost of that diet. See Deborah A. Stone's Making the poor count, *The American Prospect*, (Spring 1994), 88.

56. For example, Medicaid services up to 130% of the poverty line, and the Women, Infants and Children program (WIC) serves up to 185% of that line. This has the effect of many children being able to receive benefits such as Medicaid, yet being unable to qualify for Head Start. (See E. Zigler and S. Muenchow. *Head Start: The inside story of America's most successful educational experiment.* (New York: Basic Books, 1992), p. 242.)

57. Lombardi, 25.

58. National Head Start Association, 24-30; U.S. Dept. of Health and Human Services, 45-47, 50-52.

59. Brunner, I. and Guzman, A. (1989). Participatory evaluation: A tool to assess projects and empower people. In R.F. Conner and M. Hendricks (eds.), *International Innovations in Evaluation Methodology*. San Francisco: Jossey-Bass, 10-11.

60. National Head Start Association, 24, 31,33; U.S. Dept. of Health and Human Services, 28-41.

61. U.S. Dept. of Health and Human Services, 31.

62. This phrase captures the underlying philosophy of the Harvard Family Research Project. See Barbara Burt's article, "Schools, family, and community working together," HGSE *Alumni Bulletin* 36(3); and Harvard Family Research Project's six-part series, *Building villages to raise our children.*

63. U.S. Dept. of Health and Human Services, 42-43.

64. Lombardi, 28.

65. Coontz, S. (1992). *The Way We Never Were: American Families and the Nostalgia Trap*. New York: Basic Books, 91.

66. Ibid, 121.

67. Peters, D.L., Bollin, G., Murphy, R., & Berg, M.J. (1987). *An analysis of the effects of three modes of Head Start delivery*. Washington, DC: Head Start Bureau, 53.

68. Cohen and Ooms, i.

69. Ibid, 11.

70. Katz, M.B. (1989). *The Undeserving Poor: From the War on Poverty to the War on Welfare*. New York: Pantheon Books, 180.

71. Smith, S., Two-generational program models: A new intervention strategy, *Social Policy Report, 5(1)*, 1.

72. All information on Dade County Head Start is from correspondence from Ophelia Brown, Division Director of Metropolitan Dade County Community Action Agency, dated October 7, and December 9, 1993; as well as from telephone interviews with Ms. Brown and her staff on November 2 and 16, 1993, and on October 18, 1994; and with Susan Gold and Orvia Fort on July 19, 1994 and with Debra Jackson on July 15, 1994.

73. Unless otherwise indicated, all information on Albina Head Start is from correspondence from Albina Head Start director Ron Herndon, dated October 1993 and March 1994, and from interviews with staff on July 15, 1994, and with Rita White on July 18, 1994.

74. "Percent of persons below poverty level, based on 1990 census data," from chart sent by Fred King of the Northwest Regional Educational Laboratory (Portland, OR), June 1994.

75. Grund, John M. (1993, August 6). Marylhurst College aids Head Start instructors. *Oregonian*.

76. Albina Ministerial Alliance Head Start. (1989, June). *A Jump on Academic Success*. (Portland, OR: Author), 2.

77. Except for telephone interviews with parents on Sept. 14 and 19, 1994, and with Newark staff in October and November 1993, and on August 28, 1994, all information comes from files at Harvard Family Research Project; transcripts of interviews with director Veronica Ray on October 9, 1992, and June 21, 1993; with Donna Cohen Ross on November 10, 1992; with Claudette Martindale Cenatus, on October 19, 1992 and January 12, 1993; with Liz Kuhlman on September 15, 1992; with Alan Wheeler on April 12, 1993. Leaguers' 1991 *Funding Proposal: Head Start On Site Health Care Project* (Newark, NJ: The Leaguers, Inc.) was also consulted.

78. Using a Community Health Center was the only way for the clinic to insure a cost-rate reimbursement rather than a fee for a private physician.

79. Unless otherwise noted, all information about Murray Head Start was obtained during phone interviews with Judy Whitten on September 14, October 1, October 15, October 29, and December 13, 1993, as well as through correspondence dated September 23, October 20, and December 1, 1993.

80. For example, in 1992, if a family of four had an annual income of $14,350 or less, it met the federal poverty line. That same year, however, free school lunches were available to the same size family earning an annual income of $18,655. Information obtained in phone interview with Judy Whitten, October 15, 1993.

81. *Kentucky Integrated Delivery System, Fulton County K.I.D.S. Project.* (ND). Glenda Cochran, Fulton county K.I.D.S. Project, 900 Moscow Avenue, Hickman, Kentucky 42050.

82. *The Murray city schools: A tradition of excellence*. Annual report 1989-1990. (Murray, Kentucky: Murray Public Schools, 1990), 34.

83. Thomas, J.A. (1993, September 29). Youngsters' playground is first-rate. *Kentucky Messenger*. 1.

84. Murray Head Start does offer full-day care in some sites through collaborative arrangements with home daycare providers and schools.

85. Unless otherwise noted, all information comes from the Santa Clara County Office of Education's *Community Needs Assessment, 1994-1997*; interviews with Yolanda Garcia on January 18, 1994, January 26, 1994, June 1, 1994 and October 18, 1994; correspondence from Garcia on December 17, 1994, and telephone interviews with Don Bolce and Barbara Williams on July 14, 1994.

86. Home care providers serve six children at each home. These providers are included in staff development activities with other school and Head Start personnel and are monitored by the Santa Clara County Office of Education.

87. There are four school-age childcare sites; one serves siblings of Head Start children, another serves former Head Start children and is part of Santa Clara's Head Start Transition Project. The other two are located at a distance from the Head Start centers and serve low-income families, most of whom have not participated in Head Start.

88. Interview with Garcia, January 26, 1994.

89. Unless otherwise noted, all information comes from the following sources: HACAP-Head Start's *Program Overview, Inn-Circle: Transitional housing for women with young children* (brochure); Harvard Family Research Project's *Building villages: Funding and resources* (1993); correspondence from Wayne Woods dated September 21, 1993, November 22, 1993, August 12, 1994; and from telephone interviews with Wayne Woods, November 2, 1994 and July 14, 1994. Transcripts of interviews with Chris Carman and Wayne Woods, conducted by Harvard Family Research Project staff in 1993, also provided some information.

90. Bassuk, E. (1991). Homeless families. *Scientific American* (December), 36.

91. Written by Chris Carman and Wayne Woods at HACAP, and Martha Aldridge at Clearlines, this model grew out of David Osborne and Ted Gaebler's Reinventing Government, Amitai Etzioni's Spirit of Community, Scott Peck's Different Drummer, and William Glasser's Reality Therapy and The Identity Society.

92. Most of the participants of the HACAP transitional housing programs (of which Inn-Circle is one) do not come from a long history of welfare dependence, and two-thirds have high school diplomas. Still, sizeable percentages report other risk factors, such as growing up apart from parents (43%), with an alcoholic (45%), and with physical abuse (43%). (Information from the National Resource Center on Family Development, *Progress Report: Technical Assistance in the Transitional Housing Program*, Iowa City, IA: University of Iowa, Iowa School of Social Work, July 1994, p. 1).

93. Transition activities, such as parent information sessions, visits to the schools, and work with public school teachers are coordinated and planned by the Inn-Circle/College Community Schools Advisory Committee (Wood correspondence, August 12, 1994).

94. Ms. Cole gave this testimony at a public hearing, "Preserving Iowa's Precious Resources -- Children and Families: Recognizing Model Programs Providing Effective Services!," Iowa Commission on Children, Youth, and Families, Department of Human Services, January 13, 1994.

APPENDIX A: A Note On Methodology

In order to profile exemplary Head Start programs that were meeting or anticipating some of the changes suggested in the *Silver Ribbon Report of 1990* and the 1993 Health and Human Services document, *Creating a 21st Century Head Start,* we sought programs who evidenced a commitment to both children's and parents' needs, and who were notable for their efforts to address issues such as improving service delivery systems, working more closely with public schools, expanding enrollment, improving facilities and staff, connecting research to practice, and addressing unique community concerns.

With these criteria, we found out about programs from a variety of sources. From nomination forms for a separate study on outstanding preschool programs (conducted jointly by Harvard Family Research Project and the National Association of State Boards of Education), we selected Murray Head Start. From on-going studies at Harvard Family Research Project, we chose Inn-Circle due to its work with the homeless and its commitment to a larger community vision and Newark Leager's Head Start for its on-site health care clinic. Linda Likens at the National Head Start Association suggested a number of programs to consider for inclusion; we wrote to them and eventually chose to include Dade County Head Start due to its impressive ability to serve so many children and to offer such an array of educational opportunities. Finally, various conferences in Washington DC, held during the fall of 1993, served as "networking" places, where we met Head Start directors and learned about their programs. We wrote letters to the directors we met, explaining our project and asking for information about their programs. Albina Head Start and Santa Clara County Office of Education Head Start were chosen from these initially informal contacts.

APPENDIX B: Suggested Bibliography

Benard, B. (1989, October). Working together: Principles of effective collaboration, *Prevention Forum 10*(1).

Besharov, D.J. (1993, June 14). Fresh start: What works in Head Start?, *The New Republic*, 14-16.

Bowman, B.T. (1993, June). *Head Start: Then and now*. Unpublished paper. Chicago: Erikson Institute.

Bruner, C. (1991). *Thinking collaboratively: Ten questions and answers to help policymakers improve children's services*. Washington, DC: Education and Human Services Consortium.

Burton, C.B. (1992). Family as a focus for early education reform: The implications of public school teacher perspectives, *Journal of Research in Childhood Education 7*(1), 37-45.

Burton, C.B. (1992). Defining family-centered early education: Beliefs of public school, child care, and Head Start teachers, *Early Education and Development 3*(1), 45-59.

Carman, C. (ND). *Nurturing and empowering Head Start families through the use of community: An approach for re-engaging families in our communities*. Cedar Rapids, IA: Hawkeye Area Community Action Program.

Chang, H. N. (1992). Diversity: The essential link in collaborative services, *California Perspectives -- An Anthology from California Tomorrow* (Fall).

Children's Defense Fund. (1993). *Give children a Head Start now! Leave no child behind*. Washington, DC: Author.

Children's Defense Fund. (1993, March). Head Start moves into the 1990s, *CDF Reports 14*(4), 1-5.

Cohen, E. and Ooms, T. (1994). *Looking ahead: The promise of Head Start as a comprehensive family support program*. Washington, DC: The American Association for Marriage and Family Therapy Research and Education Foundation.

Collins, R.C. (1993, January). Head Start: Steps toward a two-generation program strategy, *Young Children*, 25-33, 72-73.

Danziger, S.K. & Danziger, S. (1993). Child poverty and public policy: Toward a comprehensive antipoverty agenda, *Daedalus 122*(1), 57-84.

Harvard Family Research Project. (1992). *Building Partnerships: Models of Family Support and Education Programs -- North Dakota, Iowa, Florida, Vermont, and Massachusetts*. Cambridge, MA: Author.

Harvard Family Research Project. (1992). *Innovative States: Emerging Family Support and Education Programs -- Arkansas, Iowa, Oregon, Vermont, and Washington*. Cambridge, MA: Author.

Harvard Family Research Project. (1993). *Paths to School Readiness: An In-Depth Look at Three Early Childhood Programs*. Cambridge, MA: Author.

Harvard Family Research Project. (1994). *Reinventing Systems: Collaborations to Support Families-- California, Colorado, New Mexico, and West Virginia*. Cambridge, MA: Author.

Harvard Family Research Project. (1992). *Pioneering States: Innovative Family Support and Education Programs -- Connecticut, Kentucky, Maryland, Minnesota, and Missouri*. Cambridge, MA: Author.

Harvard Family Research Project. (1993 & 1994). *Building Villages to Raise Our Children: Guides to Comprehensive Family Support Services*. Cambridge, MA: Author. Six guides covering issues of systems reform, collaboration, funding, evaluation, community outreach, and staffing.

Kagan, S.L. (1991). *United We Stand: Collaboration for Child Care and Early Childhood Services*. New York: Teachers College Press.

Lombardi, J. (1990, September). Head Start: The nation's pride, a nation's challenge: Recommendations for Head Start in the 1990s, *Young Children*, 22-29.

Minow, M. & Weissbourd, R. (1993). Social movements for children, *Daedalus 122*(1), 1-29.

National Associaton for the Education of Young Children. (1994, Spring). Quality the focus for Head Start reauthorization, *The Early Childhood Advocate*, 1-5.

National Association of State Boards of Education. (1988). *Right from the start: The report of the NASBE task force on early childhood education*. Alexandria, VA: Author.

National Association of State Boards of Education. (1991). *Caring communities: Supporting young children*. Aiexandria, VA: Author.

National Head Start Association. (1990). *Head Start: The nation's price, a nation's challenge. Recommendations for Head Start in the 1990s. The report of the Silver Ribbon Panel*. Alexandria, VA: Author.

Parker, F.L., Piotrowski, C.S., and Peay, L. (1987, April). Head Start as a social support for mothers: The psychological benefits of involvement, *American Journal of Orthopsychiatry 57*(2), 220-233.

Peters, D.L., et al. (1987). *An analysis of the effects of three modes of Head Start delivery*. Washington, DC: Head Start Bureau.

Pizzo, P.D. (1990, September). Family-centered Head Start for infants and toddlers: A renewed direction for project Head Start, *Young Children*, 30-35.

Schweinhart, L.J. And Weikart, D.P. (1986, January). What do we know so far? A review of the Head Start synthesis project, *Young Children*, 49-55.

Smith, S. (1991, Spring). Two generation program models: A new intervention strategy, *Social Policy Report 5*(1), 1-15.

Turner, J., Barbaro, G., and Schlank, M. (1990, May-June). Head Start and JOBS: Collaborative efforts help families become self-sufficient, *Children Today*, 12-13.

US Department of Education. (1991). *Preparing young children for success: Guideposts for achieving our first national goal.* Washington, DC: Author.

US Department of Health and Human Services. (1993). *Creating a 21st century Head Start: Final report of the Advisory Committee on Head Start Quality and Expansion.* Washington, DC: Author.

Washington, V. & Oyemade, U.J. (eds.) (1987). *Project Head Start: Past, Present, and Future Trends in the Context of Family Needs.* New York: Garland Publishing, Inc., 5-43.

Zigler, E. and Muenchow, S. (1992). *Head Start: The inside story of America's most successful educational experiment.* New York: Basic Books.

APPENDIX C: General Information and History About Head Start

Although federally funded, Head Start operates locally, with grants awarded to a variety of public agencies to run the program. It serves children whose families have incomes below the federal poverty line, yet it allows 10 percent of families served to be above that line if their children have disabilities. Head Start's four components have remained unchanged since its inception: preschool education, health care, social services, and parent involvement.

History

1964	The Economic Opportunity Act launches the War on Poverty.
October 1964	Sargant Shriver, director of the Office of Economic Opportunity, begins plans for Head Start
December 1964	Dr. Robert Cooke, Kennedy Foundation science advisor, chairs Head Start Planning Committee
March 1965	Jule Sugarman, Head Start Planning Committee executive secretary, sends telegram to universities to recruit teachers for the first summer session of Head Start. A six-day orientation and training session is held.
Summer 1965	Six-week Head Start programs serve more than 500,000 children.
1966	James S. Coleman's report, Equality of Educational Opportunity, suggests school quality is not a major factor is academic achievement, leading people to believe that compensatory education is ineffective.
1967	Parent and Child Centers open to serve parents and their children ages birth to three.

1968	Office of Economic Opportunity requests a National Head Start Evaluation. Westinghouse Learning Corporation and Ohio University conduct the evaluation; although they find positive outcomes for full-year participants, they conclude that Head Start is not "satisfactory."
1969	Jensen's "How much can we boost I.Q. and scholastic achievement?" appears; with its bias toward nature over nurture, it leads still more people to question the value of Head Start.
April 1969	Nixon establishes the Office of Child Development to oversee Head Start.
1970	Zigler becomes the director of the Office of Child Development.
1970	Parent and Child Development Centers open to research infant development and parent involvement.
1972	Child Development Associate (CDA) program established, allowing over 30,000 Head Start teachers and home visitors to earn this credential.
1973	Head Start directors found the National Head Start Association.
1976	Consortium study is launched; shows early intervention does have a positive effect on at-risk children.
1976-1980	During the Carter administration, funds for Head Start double, despite that Carter tries to transfer Head Start to the schools.
1984	Congress appropriates $80 million increase for Head Start.
1988	Congress appropriates $50 million set-aside for Head Start salaries.

1988 The Family Support Act requires AFDC parents with children older than three to be in training or education programs. Since more than half of all Head Start parents receive AFDC, this pressures Head Start to improve its services to parents.

1988 The Department of Education launches Even Start, a program offering adult basic education, early childhood education, and parent/child activities.

1990 The Head Start Expansion and Quality Improvement Act gives Head Start its largest ever budget increase.

1990 Child Care and Development Block Grants increase quality and quantity of child care services and help low-income parents purchase them.

1991 Congress passes the School Readiness Act of 1991, and amends the Head Start Act to serve all eligible children by 1997.

1994 The "Head Start Act Amendments of 1994" aim to improve program standards, increase programs' access to technical assistance, provide educational fellowships for Head Start personnel, expand the program to serve more children, improve staff compensation and training, and facilitate transition to school.

Sources

Zigler and Muenchow, *Head Start: The Inside Story of America's Most Successful Educational Experiment* (New York: Basic Books, 1992).

Zigler and Styfco, Head Start and Beyond (New Haven, CT: Yale University Press, 1993).

Other recent publications by Harvard Family Research Project:

Building Villages to Raise Our Children

Paths to School Readiness: An In-Depth Look at Three Early Childhood Programs

Community-Based Family Support in Public Housing

HARVARD FAMILY RESEARCH PROJECT
Harvard Graduate School of Education
Longfellow Hall, Appian Way
Cambridge, Massachusetts